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**About Us:**The Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Youth is established by law as an independent agency of the Commonwealth to recommend to all branches of state government effective policies, programs, and resources for LGBTQ youth to thrive. Per its legislative authority, the Commission works closely with the agencies to which it issues nonbinding recommendations to receive their input and assist them in achieving the goals that the Commission has set. The Commission was originally founded as the Governor’s Commission on Gay and Lesbian Youth in 1992 in response to high suicide rates among gay and lesbian young people, and was reestablished by the legislature as an independent commission in 2006 (Act of Jul. 1, 2006, Ch. 139 §4, codified in Mass. Gen. Laws Ch. 3 §67). Twenty-eight years after the creation of the original Governor’s Commission, it remains the first and only such statewide commission in the country.

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Picture 4Picture 4**Executive Summary**

The Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Youth is an independent state agency first founded in 1992 as a governor’s commission. The Commission was remade as an independent commission by the Legislature in 2006, with its role being provide expert advice to the Commonwealth of Massachusetts on how to improve services and decrease inequities facing LGBTQ youth. In keeping with its legislative requirements, the Commission is herein providing its annual report on the status of LGBTQ youth in the Commonwealth, as well as its policy recommendations, for the 2021 fiscal year.

This document begins with special reports on the COVID-19 pandemic and on new data regarding transgender youth in Massachusetts, both of which present novel research. Following those reports are the Commission’s core recommendations to the Governor and Legislature, which it is statutorily obligated to present annually. These recommendations follow the four policy areas into which the Commission has divided its work for the past four years: inclusion in schools and with families, homelessness, the juvenile and criminal justice systems, and health. The section on inclusion includes a special report on family acceptance of LGBTQ youth, which was authored after convening a task force on the issue and holding listening sessions with youth and families across the state. Finally, this report issues details detailed recommendations to the 17 individual government entities with whom we currently hold such a relationship.

***Special Report on COVID-19 and LGBTQ Youth***

In March 2020, as the COVID-19 pandemic unfolded in Massachusetts and caused schools and workplaces to close, the Commission awarded $18,000 in emergency grants to LGBTQ youth and organizations that serve them. All of the organizational grants went to organizations who were able to prioritize youth of color, and 90% of the individual grants went to youth of color. The Commission then followed up with all grant recipients to learn about their experiences and needs, both immediately and in the long-term. The Commission’s research found that LGBTQ youth have been hit particularly hard by losing access to safe spaces at school and in the community; being forced to return to homes with families that do not know about or support their identities; having difficulties accessing care, particularly that which is LGBTQ-affirming; and facing severe socioeconomic fallout from losing jobs and housing, with national studies showing that LGBTQ people were especially likely to be impacted in this way by the pandemic.

In this special report, the Commission issues both short- and long-term recommendations to the state on how to both address the challenges caused by the pandemic and related shutdown in the lives of LGBTQ youth, and also how to improve underlying conditions to prevent such disastrous results from arising again, even if and when the state faces future pandemics. While some of these recommendations are new and reflect changed circumstances brought about by COVID-19, many mirror long-standing recommendations of the Commission that are simply made more vital by the current circumstances.

***New Data on Transgender Youth in Massachusetts***

The Commission is providing in this report, for the first time, new data on gender identity and expression based on the most recent iterations of the Massachusetts Youth Risk Behavior Survey (MYRBS). This report shines new light into the specific challenges facing transgender youth, a population that faces more severe health and education inequities across the board when compared even to other LGBTQ students. This data analysis provides even more evidence on the need for additional support for transgender youth across the state. The Commonwealth has recently added, and seen defended at the ballot box, various legal protections for the transgender community. These data both justify the need for such laws and show that legal changes alone are not enough without accompanying social and cultural changes that will make spaces safer and more welcoming for transgender and gender-nonconforming youth.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Transgender Students** | **Other LGBTQ Students** | **Non-LGBTQ Students[[1]](#endnote-1)** |
| Skipped school in past month because felt unsafe\*\*\* | 28.5 | 9.1 | 3.5 |
| Threatened or injured with weapon at school\*\*\* | 22.6 | 6.6 | 3.9 |
| Made mostly As and Bs in school\*\*\* | 60.9 | 67.7 | 72.8 |
| Have a physical disability\*\*\* | 24.5 | 16.8 | 11.1 |
| Cannot talk to parents or teachers about important topics\*\*\* | 18.5 | 13.3 | 9.1 |
| Made a suicide attempt in the past year\*\*\* | 27.2 | 16.6 | 4.7 |
| Have ever used heroin\*\*\* | 15.3 | 3.4 | 1.0 |
| Currently use e-cigarettes\* | 30.5 | 21.8 | 20.1 |

\* p<.05; \*\*p<.01; \*\*\* p<.001

***Increasing Inclusion Research and Recommendations***

Recommendations to the Governor and Legislature on increasing inclusion:

1. Provide basic LGBTQ competency training to all state employees and contractors.
2. Support the interagency collaboration to address family rejection of LGBTQ youth.
3. Strengthen protections against bullying of LGBTQ youth.
4. Adopt policies that recognize gender identity diversity in state workplaces.
5. Implement LGBTQ-inclusive curriculum in public schools.

The Commission has been deeply involved since its inception on increasing inclusion within schools. The 2017 Massachusetts Youth Risk Behavior Survey (MYRBS) results show that LGBTQ students are still 70% more likely to experience bullying than non-LGBTQ students, and are twice as likely to be threatened or injured with a weapon at school. These statistics among other risk factors are likely contributors to LGBTQ students also being 3.5 times more likely to skip school due to feeling unsafe and 3.9 times more likely to have attempted suicide in the previous year. Additionally, many of these disparities are even higher for racial and ethnic minorities, showing that much work is needed to ensure the safety of schools for LGBTQ students of color.

To address these disparities, the Commission reviewed the literature on professional development programs designed to increase the efficacy of educator intervention in anti-LGBTQ bullying and improve school climate. The Commission’s research concluded that LGBTQ training for school staff increases educator’s knowledge of LGBTQ student experiences, awareness of the impacts of harmful or supportive behavior, and positive beliefs about LGBTQ youth. Training participant’s efficacy in intervention also improves, and many educators report an increase in behaviors to interrupt bias-based behavior. All of these together contribute to a more positive school climate for LGBTQ student when educators participate in training, which is a major protective factor against the aforementioned behavior and health risks. The Commission’s research in this area also identified opportunities for improvement in LGBTQ training programs; related recommendations to training providers are included in that section of the report.

Since 1992, the Commission has co-produced the Safe Schools Program for LGBTQ Students (SSP) with the Massachusetts Department of Elementary and Secondary Education (DESE), with a primary focus on providing school districts and educators with professional development training. In FY 2018 and FY 2019 alone, SSP conducted approximately 300 training sessions for educators or school district personnel in 127 distinct districts, with an annual average of over 100 technical assistance sessions ranging from guidance over the phone to in-person advanced workshops. In a review of over 1,300 evaluation surveys completed by participants between December 2016 and January 2019, the Commission found that 49.75% rated the training as “Excellent” with another 50% rating the training as “Good” or “Very good,” indicating a high level of satisfaction with the program. Additionally, 96% of the participants reported learning to better understand the experiences of LGBTQ students and families, and 89% said they would change their practices or policies based on what they learned.

More recently, the Commission has delved deeper into examining inclusion within families, given the key role that family acceptance or rejection plays in the lives of LGBTQ youth. This work is highlighted in a special report that discusses the formation of the Commission’s Family Acceptance Task Force and the conducting of listening sessions across the state. The Commission issues therein specific recommendations to increase family acceptance of LGBTQ youth, an area in which the state government can play a critical role in training personnel who interact with families, reaching families themselves through public service announcements and events, and funding organizations that work with families, particularly in underserved communities and regions.

***Ending Homelessness Research and Recommendations***

Recommendations to the Governor and Legislature on ending homelessness:

1. Improve access to state IDs for youth experiencing homelessness and gender-nonconforming youth.
2. Increase services for youth at risk for or experiencing homelessness.
3. Create a bill of rights for people experiencing homelessness.
4. Increase LGBTQ participation as youth ambassadors and respondents to the Youth Count.
5. Implement policies to prevent families and individuals from experiencing homelessness.
6. Promote best and promising practices for serving LGBTQ youth with providers of services for youth at risk for or experiencing homelessness.

Since the Commission restructured to focus its work on areas particularly affecting LGBTQ youth of color, it has been working in coalition with other organizations to address the major epidemic of youth homelessness. Corroborating the 2017 MYRBS data point that LGBTQ students are 2.8 times more likely to experience homelessness, the 2019 Massachusetts Youth Count found that 24.7% of homeless youth and young adults surveyed identified as LGBTQ. Furthermore, at least 47% of those respondents identified as Black, Latinx, Native American, Asian, or Pacific Islander.

The report on homelessness below details the factors leading to homelessness and housing instability for LGBTQ youth, with the leading cause being familial rejection, followed by exiting or aging out of foster care, which can also be closely linked to family rejection. LGBTQ youth are disproportionately affected by other causes of homelessness such as juvenile justice involvement, skipping school because they feel unsafe, and personal or parent substance use, and they experience other factors such as family homelessness. The report also examines experiences of LGBTQ youth, and finds that compared to other youth experiencing homelessness, they are more likely to sleep in a car or outside, and less likely to stay in a shelter; are four times more likely to engage in survival sex; and are three times more likely to be living with HIV. These among other dire statistics illustrate the necessity of efforts to reduce LGBTQ homelessness and improve the provision of services to homeless LGBTQ youth.

The full report describes the progress that has been made in Massachusetts, including the Baker administration’s 2018 *Massachusetts State Plan to End Youth Homelessness* and Boston’s 2019 plan *Rising to the Challenge*. The Commission’s recommendations echo some of the goals laid out in these plans and expands upon them, with a special section outlining best practices for providers to best support LGBTQ youth experiencing homelessness.

***Advancing Justice Research and Recommendations***

Recommendations to the Governor and Legislature on advancing justice:

1. Increase collection of data on sexual orientation and gender identity to identify and reduce disparities throughout the juvenile and criminal justice systems.
2. Limit the use of force by law enforcement and correctional officers.
3. Decriminalize consensual sexual relations among parties close in age and issue guidance on reporting consensual sexual relations between minors.
4. Adapt the Sexual Orientation and Gender Identity or Expression Guiding Principles developed by the Juvenile Detention Alternative Initiative (JDAI)’s Special Populations Work Group.
5. Study the impacts and benefits of decriminalizing sex work.
6. Improve prison conditions for incarcerated LGBTQ and intersex individuals.
7. Protect undocumented LGBTQ youth.
8. Raise the age of the juvenile justice system to include 18-to 20-year-olds.
9. Support legislative initiatives to improve the juvenile justice system.

 LGBTQ youth are twice as likely to enter the juvenile system as their non-LGBTQ peers.[[2]](#endnote-2) LGBTQ youth of color face even starker disparities and comprise a staggering estimated 85% of LGBTQ youth in the justice system.[[3]](#endnote-3) Transgender individuals are nearly twice as likely to have been incarcerated as other LGBQ people, with transgender people of color reporting a rate of past incarceration four times higher than other LGBQ people.[[4]](#endnote-4) The Commission also knows, from its own data analysis as presented in the data report below, that LGBTQ youth (particularly transgender youth and youth of color) are especially likely to face risk factors such as truancy out of fear of attending school, being involved in bullying and fights, and experiencing homelessness, all of which are drivers of justice systems involvement.

The overrepresentation of LGBTQ youth of color in the juvenile and criminal systems also reflects the racial disparities faced by all people, regardless of LGBTQ identity, involved in these systems. One national study found that as compared to White youth, Black youth are four times more likely to be incarcerated, Native American youth nearly three times as likely, and Latinx youth 1.5 times as likely.[[5]](#endnote-5) It is therefore deeply troubling, but not surprising, that an estimated 85% of LGBTQ youth in the justice system are youth of color.[[6]](#endnote-6) Experiences of discrimination that disproportionately affect and result in justice involvement for LGBTQ youth, particularly LGBTQ youth of color, parallel vulnerabilities that result in victimization, abuse, and further trauma within the justice-system[[7]](#endnote-7).

To combat these disparities, the Commission has worked closely with many state agencies and entities in Massachusetts to establish more equitable state policies within the juvenile justice system. The Commission has also worked in coalition with community organizations such as Citizens for Juvenile Justice to advance legislation to further reform the juvenile justice system and improve the lives and conditions of LGBTQ individuals involved in the juvenile and adult criminal justice system. While the Department of Youth Services (DYS) has made much progress over the past several years on being a safer and more affirming place for LGBTQ youth, the adult criminal justice system has not made such strides. Furthermore, both the juvenile and adult systems can only do so much to prevent youth from actually *entering* these systems. Decreasing the incarceration of LGBTQ youth and youth of color in particular will also require law reform that is focused on equity and anti-racism, and on dismantling the structural factors that lead to the excessive incarceration of these populations. Finally, if the Commonwealth is to take these issues seriously, it is critical that we have more data on LGBTQ populations in the justice systems.

***Improving Health Research and Recommendations***

Recommendations to the Governor and Legislature on improving health:

1. Ensure that comprehensive, age-appropriate, and LGBTQ-inclusive sexual health education is taught in every school district and supported with adequate funding.
2. Support HIV prevention and treatment services for LGBTQ youth, which are particularly critical for LGBTQ youth of color.
3. Improve access to critical reproductive and sexual health treatment and services.
4. Improve the quality and availability of mental healthcare.
5. Create a legal framework for supervised consumption sites.

The Commission’s recommendations on health have historically placed a large focus on sexual health, as this is an area that consistently affects LGBTQ youth disproportionately. Despite a downward trend in HIV infection rates among the LGBTQ population at large, certain groups such as young people, people of color, and transgender people continue to be disparately affected. Potential causes of higher HIV rates include riskier sexual behavior and less frequent use of effective STI prevention methods, pointing to a need for LGBTQ-inclusive sexual health education. However, LGBTQ students are less likely to report learning about condom use or STI prevention in school, and only 18% of them receive sex education that is inclusive of LGBTQ identities. The Improving Health section then reviews several available health curricula that meet standards of inclusivity and medical accuracy.

The report goes on to describe other areas of health where LGBTQ youth are especially impacted. With regard to sexual victimization, they were 3 times more likely to report being hurt physically by a partner than non-LGBTQ youth. They engage in heroin use at 5.8 times the rate of non-LGBTQ youth, and use more intensely, putting them more at risk for HIV as well. LGBTQ youth also continue to face high rates of suicidality, in that they are 3.9 times more likely to attempt suicide as non-LGBTQ youth, with even higher rates among multiracial youth, sexual minority girls, transgender youth, and youth who are questioning their gender or sexuality in particular. Finally, eating disorders are a growing concern among LGBTQ youth, with 42% of diagnosed men identifying as gay or bisexual, and 71% of straight transgender youth reporting an eating disorder diagnosis.

Along with the recommendations in the Increasing Inclusion section, which can reduce harmful stigma leading to these health disparities, this part of the report details several areas where strategies are needed to improve health among LGBTQ youth populations. These include a lack of LGBTQ competence among healthcare providers, leading to negative encounters with medical professionals—at 31% of transgender people, a major barrier to accessing care—and a crisis of insurance coverage for mental and behavioral healthcare combined with prohibitively high costs. The Commission also calls for greater awareness of and support for transgender healthcare, in particular affordable access to medical transition related needs, as well as a sufficient quantity of providers specializing in mental health who are able to support youth through social transition and detect signs of abuse or other concerns. Among all areas of care, another area of need stressed by the report is a strengthening of confidentiality in healthcare systems overall.

***Agency Recommendations***

In addition to the core recommendations noted above – which require legislation, executive action, and/or interagency collaboration – the Commission has also issued unique and extensive recommendations to 17 government entities in the state. These recommendations are the result of relationships developed between the Commission and agencies through a liaison system and, as much as is possible, represent shared goals rather than the perspective of the Commission alone. These recommendations tend to focus on the topics of staff and vendor trainings, increasing LGBTQ-inclusive data collection, crafting LGBTQ nondiscrimination and inclusion policies, and conducting outreach and providing resources to the LGBTQ youth population.

Picture 4Picture 4**Letter from Commission Leadership**

June 18, 2020

This past weekend would have been the 50th anniversary of Boston Pride, a march that started with 30 people walking down the sidewalks of Boston on the Anniversary of the Stonewall riots, a protest against police brutality led by black and brown transgender and gender-nonconforming people. This year, instead of the traditional Pride parade down Boston’s main streets, thousands of people joined in solidarity at Franklin Park to bring Pride back to its roots. Following the lead of black trans activists, the LGBTQ+ community and allies marched against police brutality through the streets of Roxbury and chanted in unison: Black Trans Lives Matter. Amidst Boston Pride’s 50th anniversary, the indefinite pandemic, and the growing Black Lives Matter movement, we know that our mission to advise the Commonwealth on how to improve services and decrease inequities facing LGBTQ youth is more important than ever.

When the emergency shut down began due to the COVID-19 pandemic, we knew that LGBTQ youth would be disproportionately impacted by social isolation, job loss, inability to access critical mental and physical health services, and more. We are incredibly proud of the Commission's youth leadership who immediately began hosting virtual Gender & Sexuality Alliance (GSA) meetings to bring LGBTQ youth together to connect, cope, and build community with one another. We awarded $18,000 in emergency grants to queer youth and the organizations that serve them to combat the adverse impact of the COVID-19 pandemic on LGBTQ youth. We also created a COVID-19 resource page filled with helpful information for LGBTQ youth in Massachusetts. Still, we know the full impact of the pandemic has yet to be felt, and maintaining these services to a growing LGBTQ population will become even more of a challenge.

When the world rightfully erupted after the murder of George Floyd by a Minneapolis police officer in May, we joined the outcry against systemic racism and police brutality and thought of Tony McDade, a black trans man unjustly murdered by Tallahassee Police, making him at least the 14th transgender or gender non-conforming person to have been fatally shot or killed by other violent means, this year alone. We know these murders often are unreported, falling between the cracks of the intersections of racism, sexism, homophobia, transphobia, and more. In order to address the ongoing crisis, our governmental institutions – be they schools, executive agencies, law enforcement, or anything else – must be LGBTQ-competent and bias-free. The Commission’s core recommendations outline steps to advance this work here in Massachusetts, issued to specific agencies throughout the report.

As Massachusetts’ LBGTQ community reflects on the progress made over the last 50 years, we must double down our commitment to dismantling white supremacy, cis-sexism, and patriarchy within our work - starting with ourselves. Since 2016, the Commission has engaged racial justice consultants to develop a racial justice framework for our work. This has included training and workshops for our staff, members, and agency partners, and reviews of our policy and programmatic work. As the saying goes, “nothing about us without us,” I’m pleased to say that our large commission body is more representative of our diverse LGBTQ community today than when I joined in 2014 in regards to race, ethnicity, gender identity, age, geography and more - but we still have a long way to go.

The Commission joins many of our partners to say #BlackLivesMatter, and we continue to commit ourselves to the action those words require. We are grateful to the many members of state government, nonprofit organizations, community coalitions, and others who weighed in to help shape this report. We look forward to partnering with all branches and levels of government in Massachusetts to advance these goals throughout the new fiscal year.

Sincerely,



Sasha Goodfriend

*She/Her/Hers*

Chair, MA Commission on LGBTQ Youth

# image4.pngimage4.pngSpecial Report on COVID-19 and LGBTQ Youth

*Introductory Note – June 18, 2020*

The Commission is presenting the following report amidst a continued pandemic that has had a disastrous impact for LGBTQ youth, and particularly LGBTQ youth of color, in the Commonwealth. We commend the frontline workers who have put their lives on the line during this time, including healthcare professionals and support personnel, but also those who have kept our supermarkets stocked, transportation running, and news reported. We also express our gratitude to so many across the state government who have supported LGBTQ youth specifically, and responded to the pandemic more generally, despite the challenges they have faced.

While the COVID-19 virus itself has most strongly impacted older adults, youth – who face little risk of death from the virus – have borne the brunt of the closure of services, schools, and workplaces that were justifiably shut down to reduce the spread of the virus. The state and federal governments have taken various steps to stem the economic impact of these closures, and while these steps have been promising, they are merely the tip of the iceberg of what is needed. Youth and young adults need rent bills canceled, loans paid or forgiven, missed educational opportunities replaced, and wages raised to help them recuperate all they have lost. In short, the day has come for the Commonwealth to begin repaying the incalculable cost that young people have paid during the pandemic and shutdown.

It would be impossible to present this report without first noting that the Commonwealth has elected notto collect sexual orientation and gender identity (SOGI) data in its work in measuring and responding to the pandemic. This decision has dealt irreparable harm to the community. Such an erasure of our identities not only sends the message that LGBTQ people do not matter, it also means that we will never truly know the depth and breadth of the pandemic’s impact. With critical months having passed, it is impossible for this harm to be undone. But we can begin to reconcile for this inaction by taking seriously the stories of LGBTQ youth and adults – such as those collected herein – because with our decision to not collect SOGI data on the pandemic, stories (and careful, expert analysis thereof) are all that we have.

In other words, a lack of data that is of our own doing cannot serve as an excuse for our government to ignore the impact COVID-19 has had on LGBTQ people, particularly those of color. This report represents a small contribution to the long list of what must be done to aid the recovery, and to avoid a repeat of this disaster.

Corey Prachniak-Rincón

*They/Them/Theirs*

Director, Massachusetts Commission on LGBTQ Youth

### I. Introduction

On March 11, 2020, the World Health Organization declared the outbreak of a novel coronavirus known as COVID-19 to be a global pandemic.[[8]](#endnote-8) By May, the number of cases and deaths in Massachusetts alone had surpassed the official numbers in all of China, where the pandemic began.[[9]](#endnote-9),[[10]](#endnote-10) While the virus itself has disproportionately infected and taken the lives of older adults, the socioeconomic impact of the steps to reduce the virus’s transmission has uniquely and devastatingly harmed youth and young adults. This population has almost overnight seen their schools and colleges shuttered, their housing closed or made unaffordable, their safe social spaces and support systems erased, and their jobs disappear.

**To this end, in March, the Commission issued $18,000 in emergency grants to LGBTQ youth who were impacted by the pandemic as well as organizations that serve such youth, with 90% of grants going to LGBTQ youth of color.[[11]](#endnote-11)** The Commission collected the stories of these youth to inform this report and the recommendations it includes. In sum, the Commission has found that the pandemic and the actions taken to contain it have disproportionately impacted LGBTQ youth for two reasons:

1. LGBTQ youth have unique needs and challenges that have been exacerbated by the pandemic, including needing safe spaces like Gender-Sexuality Alliances at schools, which are now closed, and facing rejection and violence in many of their homes, where they are now forced to remain at all times; and
2. LGBTQ youth face a wide range of disparities in areas such as homelessness and housing instability, juvenile, and adult criminal justice systems involvement, and physical and mental health issues that require specialized care, all factors that have been exacerbated and complicated by the pandemic.

“Our youth at Safe Homes said they need to have the food deliveries and burner phone donations continue. They said that they would like to see resources for trans youth and they want to know that we'll be back in our space together at some point soon! They're still sheltering at home with families who don't accept them or where it's not okay to be who they are and they're desperate to be back in welcoming, safe spaces. Some of our youth expressed feeling burnt out by all the virtual [services].”

*– Safe Homes, organization grant recipient in Worcester, MA*

To address these issues, as well as similar issues affecting many other marginalized populations, the response to COVID-19 must have both short- and long-term goals that are built around principles of equity, inclusion, and social change. Such change will not come from the federal government, where – since the start of the pandemic – the president has used racially-charged language to frame the pandemic,[[12]](#endnote-12) blocked undocumented immigrants from accessing emergency services,[[13]](#endnote-13),[[14]](#endnote-14) restricted access to sexual and reproductive healthcare,[[15]](#endnote-15),[[16]](#endnote-16) and used the timing of the pandemic to remove LGBTQ protections for healthcare and social services access at the time when they are most needed.[[17]](#endnote-17),[[18]](#endnote-18) The same anti-science and discriminatory attitudes that have driven the federal administration for the past three years both facilitated the spread of the pandemic and hampered the U.S.’s ability to productively contribute to the global response. The U.S. is losing whatever moral and political authority it may have had under previous administrations at the same time as other actors, such as the Communist Party of China (CPC), gain influence.[[19]](#endnote-19) This is deeply concerning given the CPC’s longstanding repression of LGBTQ and other human rights,[[20]](#endnote-20) as well as influence over international media outlets such as TikTok to suppress LGBTQ rights around the globe.[[21]](#endnote-21)

Given these circumstances, it has thus never been more important for the Commonwealth of Massachusetts to take action and leadership to advance an equitable and inclusive response to the pandemic that addresses the impact on marginalized populations, including LGBTQ people and people of color. The Commission implores the Commonwealth to listen to the voices of these populations and the organizations serving them, such as the Massachusetts Public Health Association’s Task Force on Coronavirus and Equity.[[22]](#endnote-22) In addition to taking immediate steps to support LGBTQ and other marginalized populations, including ensuring equity of stakeholders and LGBTQ-inclusive data collection, the Commission also recommends that the Commonwealth implement long-term changes, including:

1. Increasing funding for safe spaces for LGBTQ youth, such as drop-in programs, social programs, and GSAs;
2. Ending homelessness and housing instability, including by addressing issues of familial rejection of LGBTQ youth;
3. Supporting LGBTQ youth in state custody or care; and
4. Improving access to LGBTQ-affirming care through training and licensing requirements, as well as an expansion of telehealth and other services.

These recommendations are explained in greater detail below, as well as in our full annual policy report and recommendations, available at http://mass.gov/annual-recommendations.[[23]](#endnote-23)

“The COVID-19 Relief grant gave our organization the ability to rapidly get out resources to LGBTQIA+ youth in our community as schools closed, parents jobs were closed or lost, and before EBT, IU and other state programs were able to have increased access. Since our regular programming closed along with everything else, we wanted to shift into emergency response to continue supporting the members of our community who seek safety, education and joy through the space we offer and programs we provide. This grant gave us an immediate and tangible way to continue to care for our community during an unprecedented moment.”

*– Finca Luna Búho, organizational grant recipient in Cheshire, MA*

### II. Qualitative Data on LGBTQ Youth Experiences

In an effort to mitigate some of the hardships the LGBTQ youth community is likely to face due to the coronavirus, the Massachusetts Commission on LGBTQ Youth distributed $18,000 in grants to LGBTQ youth and organizations that serve them in early March. Within two business days of making the application for funding available, the Commission received 44 individual applications and 14 organizational applicants, indicating the urgency and depth of the need. While all applicants met the qualifications for receiving grants, given funding limitations, the Commission was able to fulfill 20 individual requests and 7 organizational requests. Eighteen of the 20 individual grants went to youth of color, and the majority of the youth identified as transgender or gender-nonconforming. All seven organizational recipients indicated that these groups were among their priority populations.

**The Commission interviewed grant recipients and performed a qualitative thematic analysis on their responses, focusing on the challenges and needs faced by LGBTQ youth of color, and a special consideration for transgender and gender-nonconforming youth of color.** Several key themes emerged through this process. The three overarching themes were: (a) economic and housing insecurity, including paying bills, purchasing food and medications, and maintaining stable housing, (2) accessing health and social services, and (c) resilience and hope for the future.

“The coronavirus is going to highlight and pinpoint the way the system is allowing people like me to fall through the cracks. I am hoping positive change comes from this.”

*– Youth from Central Massachusetts*

**A. Economic and Housing Instability**

Two themes emerged from these interviews that are deeply intertwined with all other issues that the youth have identified: economic instability and housing instability. As has been outlined extensively in other sections of the recommendations, LGBTQ youth experience homelessness at much higher rates than heterosexual youth, and LGBTQ individuals are much more likely to live in poverty than heterosexual individuals.[[24]](#endnote-24) These disparities are even greater for LGBTQ people of color and transgender and gender nonconforming individuals.[[25]](#endnote-25) All of the youth interviewed reported concerns about their housing stability, financial stability, or both, indicating that this must be an area of high priority when addressing the impacts of the coronavirus, with particular attention being paid to the needs of LGBTQ youth of color.

Youth identified two common causes of housing and financial instability: the sudden closure of colleges and universities, which will be explored in more detail below, and the loss of income due to the closure of all non-essential businesses. This not only affected their ability to pay rent, but also their ability to afford food, medication, and other necessities like car insurance payments. Massachusetts has seen a record-breaking number of unemployment applications during the week of March 16th, nearly 148,000 compared to 7,500 the week prior,[[26]](#endnote-26) and several youths stated that they were concerned about their ability to find a new job when the crisis has passed. The economic impacts of the coronavirus will be widespread, but it is clear that they will be especially devastating for an already marginalized population like LGBTQ youth.

“After a period of time out of work because of health issues, I ran out of my savings and had just accepted an offer to work at a long-term congregate residential home for teens. I was going to begin training, right before the coronavirus forced me to self-isolate at home. I had to cancel all further plans of working and make my health a priority, but now I have no income.”

*– Youth from Central Massachusetts*

“I cannot afford to store all of my belongings as well as feed myself, pay for my medications, and other bills. The money would allow me to store my belongings until I can move into housing supplied by my summer job as well as afford groceries and other things while I am currently out of work.”

*– Youth from Greater Boston Area*

Multiple youth identified the abrupt closure of their college or university as a stressor that has created significant financial, logistical, and emotional hardships. Many LGBTQ youth do not have a safe home to return to, nor the funds to find a new place to live on incredibly short notice. Several of the youth interviewed report having an abusive home and family lives, and many of those youth made it clear that their home lives were unsafe due to their family’s reaction to their sexual orientation or gender identity. LGBTQ youth are at higher risk of physical violence from their parents than heterosexual youth, and family rejection can have lifelong consequences including higher rates of risky behaviors, adverse health outcomes, and psychological distress.[[27]](#endnote-27)

“In response to the outbreak [my university] asked all students to leave campus. I lost my housing and my source of income. With my housing and my food source stripped away from me I was nervous that I would have to go home. I am transgender. My parents are not okay with this, in any way shape or form. While I haven’t been technically kicked out, living with my parents has led to extremely negative situations involving hospitalization, and suicide attempts. Between the emotional abuse, the occasional physical abuse and the constant invalidation of my identity, my parents’ home wasn’t an option.”

*– Youth from Greater Boston Area*

“Going home just isn’t feasible or safe for me.”

*– Youth from Western Massachusetts*

Many students rely on on-campus jobs for financial stability and with the closure of schools, those jobs are lost. Some students mentioned that their loan burden will be greater because of this as they will have to continue paying tuition without the support of their work-study job or other jobs they may have had. In addition to the financial and logistical difficulties, many students are dealing with the psychological impacts of the sudden loss of their daily routine, community, and sense of structure. This is especially difficult for LGBTQ youth, many of whom identified their college community as the first place that they felt safe to be themselves.

“I have medical bills to pay because my insurance doesn’t cover trans related healthcare. I have to continue to feed myself. I am lucky enough to have community and to have people whom I can talk with but friendship won’t keep me from plunging into debt. An income will.”

*– Youth from Greater Boston Area*

When asked specifically what resources might be most helpful to them and their community right now, most youth had similar answers. Nearly every young person interviewed said that financial support would be the most beneficial for them right now, for things like rent, food and other daily necessities, tuition, or medical bills. Several youth indicated that it has been difficult to get groceries as they have been traveling by foot, which limits how much they can carry, and because stores are frequently sold out of needed items.

**B. Accessing Health and Social Services**

While accessing services is always a challenge for LGBTQ youth, especially for transgender you and/or youth of color, participants indicated specific challenges during the pandemic that both increased their need for services and increased the burdens in receiving them. One facet of this was in respect to mental health. Many of the youth interviewed reported feelings of anxiety and depression, as well as other mental health issues that are exacerbated by isolation and these uncertain times. Youth indicated that they were anxious about specific things, like losing a job or maintaining stable housing, as well as overall anxiety about what the future will hold. Studies consistently find that LGBTQ youth report disproportionate rates of mood and anxiety disorders, along with elevated rates of suicidality and substance use, the trauma of a global pandemic is likely to exacerbate these disparities.[[28]](#endnote-28)

LGBTQ youth are in general more likely to report feeling a sense of isolation from their community than heterosexual youth.[[29]](#endnote-29) These youth often find a sense of belonging and community through peer support groups and drop-in-centers like BAGLY and Boston GLASS where they can safely express their identity. Research has found that having more friends with shared LGBTQ identities is actually a protective factor for LGBTQ people, improving overall health and ability to cope with stress.[[30]](#endnote-30) Unfortunately, due to the social distancing measures that were put in place to slow the spread of the coronavirus, most youth centers and peer groups have been closed or moved online, which many of the youth feel is contributing to their sense of isolation and loneliness. This may exacerbate existing mental health issues during a particularly stressful time.

“Mental health has been very difficult to manage, as my depression tends to worsen when I am secluded or feeling unproductive.”

*– Youth from Western Massachusetts*

“I can't seek comfort from friends because of physical distancing which has made me more anxious. I feel a little lost. Definitely struggling.”

*– Youth from Greater Boston Area*

Many youth also asked for more mental health resources that are LGBTQ-affirming and available remotely. LGBTQ-competent and -affirming mental health services was already difficult for youth to access prior to the pandemic, and the challenges have grown as services have closed. At the same time, expansions in the coverage and offering of telemedicine presents an opportunity to improve access to LGBTQ-affirming care in regions that normally have particularly low access.

Beyond mental health, transgender youth reported needs specific to gender-affirming healthcare. Several of the youth reported that their health insurance does not cover their transition-related needs, or that they are now uninsured and must pay for things like hormones and syringes out-of-pocket. This puts an even greater financial strain on the youth who have lost their jobs and housing, as now they must find a way to pay for their needed medical treatments in addition to other basic necessities.

**C. Resilience and Hope for the Future**

Despite facing this wide-array of challenges, many of the youth interviewed emphasized their hope that this crisis will lead to a profound societal shift and a better future for everyone, especially for transgender and gender-nonconforming people, people of color, and people living with disabilities and chronic illnesses. Several youth spoke to the hope and joy they have felt in seeing their communities come together to support one another and their hope that this community building will continue even after this crisis has ended. The resilience of the community thus emerged as an important theme even as youth remain in critical need of additional state support.

“Deep down though, I am sad and scared. It's hard to not know what's going to happen for the next few months, and not see any of my friends who live outside of my home. I also don't know when I'll be able to work again, and how my education or my ability to get a job after getting my degree will be impacted by this.”

*– Youth from Greater Boston Area*

### III. Policy Analysis and Recommendations

**A*.* Immediate Considerations**

The Commission calls on the Commonwealth to take immediate action in three areas that are vital for the survival and wellbeing of LGBTQ youth: (1) increasing the equity of stakeholders being brought to the table to make key decisions; (2) making data collection LGBTQ-inclusive and addressing other concerns with respect to data; and (3) implementing public health measures that, while not LGBTQ-specific, will greatly benefit the community because of the disparities it is currently facing.

**1. Stakeholder Equity**

The Commission urges the Commonwealth to include diverse stakeholders at the table through all aspects of the government’s response to the pandemic, including reopening plans. Groups who are being disproportionately impacted by the pandemic itself or the shutdown that has ensued – including LGBTQ people, people of color, students, young adults, and lower-income workers – should all be prioritized for inclusion. For example, concerns have been raised that the Reopening Advisory Board does not include organized labor.[[31]](#endnote-31) This group also does not have representation from students, teachers, LGBTQ organizations, or organizations focused on people of color, despite the enormous toll that the pandemic and shutdown have taken on these entities.[[32]](#endnote-32) The Commission looks forward to seeing them included on this board or in future groups given equal weight and attention.

The Commission also implores the Commonwealth to listen to the voices of those who are organizing to look at and address disparities occurring within the pandemic and the government’s response to it. For example, the Task Force on Coronavirus and Equity, convened by the Massachusetts Public Health Association, is comprised of organized with unparalleled diversity and qualifications[[33]](#endnote-33) and issued powerful recommendations early in the pandemic,[[34]](#endnote-34) but was not granted a request to meet with senior members of the administration. If diverse stakeholders are not at every table, the Commonwealth’s response to the pandemic will fail.

**2. LGBTQ-inclusive Data Collection**

Massachusetts should immediately act to include sexual orientation and gender identity in all data collection being conducted in connection to the pandemic, as other states such as California and Pennsylvania have done.[[35]](#endnote-35) Without this data, it will be impossible to assess the full impact of the pandemic on the LGBTQ community and ensure that this community’s needs are being addressed. The failure to include such measures in data collection through the current point in time has dealt irreparable harm to the community.

There have also been persistent gaps in federal and state data collection and reporting throughout the COVID-19 pandemic with respect to infection and death rates by race and ethnicity. Massachusetts publicized racial and ethnic data for the first time on April 8, though the data was so sparse that it did not provide any meaningful insight into the true scope of the disparities facing communities of color amid this pandemic.[[36]](#endnote-36) The data released on April 8 “included racial and ethnic information for less than one-third of the 433 people who have died and the roughly 17,000 people who have tested positive” up to that point.[[37]](#endnote-37) At the same time, Congresswoman Ayanna Pressley pushed for future federal relief packages to require federal authorities to collect and report race-specific data, after a request to the federal Department of Health and Human Services for that purpose was ignored.[[38]](#endnote-38) The Commonwealth’s collection and reporting of race-specific COVID-19 data has not improved much in the time since the initial April release. As of May 10, 46.1% of COVID-19 cases listed race/ethnicity as “Unknown/Missing,” while 45.8% of deaths listed race/ethnicity as “Unknown/Missing.”[[39]](#endnote-39)

Legislation filed as H.4672 was passed to improve data collection on COVID-19 cases and the impact on marginalized communities,[[40]](#endnote-40) although data on LGBTQ identities was not explicitly included, leaving this issue still unaddressed by the Commonwealth.

**3. Public Health Measures**

Both the COVID-19 pandemic itself and the state and federal responses to it have revealed many gaps in our social safety net, particularly around health care access and public health. While its wide and rapid spread caused some to call COVID-19 “the great equalizer,” the data show that the virus has impacted marginalized populations and communities with underlying public health disparities at much higher rates.[[41]](#endnote-41),[[42]](#endnote-42) The Massachusetts Public Health Association (MPHA) released an analysis of state COVID-19 data in late April showing that, per capita, cases among Latinx residents were three times higher than among White residents, while per capita cases among Black residents were two-and-a-half times higher than among White residents.[[43]](#endnote-43) Conditions such as poverty, racism, xenophobia, environmental injustice, and others lead to poor public health among marginalized communities.[[44]](#endnote-44)

Chelsea, Massachusetts provides a stark example of this. Chelsea has been hit hardest out of any city in Massachusetts, and as of May 6 has reported 2,244 confirmed cases of COVID-19, an infection rate of 5,957.85 per 100,000.[[45]](#endnote-45) A large share of the population of Chelsea is “poor and vulnerable; immigrants, documented and undocumented, for whom fear and language are barriers to adequate health care and safety measures; low-wage workers in fields like hospitality and health care, who have no choice but to continue working in high-risk environments; residents who must crowd together on buses and in dense housing that would otherwise be unaffordable.”[[46]](#endnote-46) On top of these underlying conditions, high levels of pollution and environmental degradation have fueled the spread of COVID-19 throughout Chelsea and greatly contributed to the extremely high infection rate.[[47]](#endnote-47)

“I think basic resources are so important right now. Making sure people have housing and housing stability, food, money for therapy, medication, supplies, etc. Current health care systems make it so certain people cannot afford to miss work that is endangering them and/or to seek proper help when they are sick.”

* *Youth from Western Massachusetts*

In response to these public health disparities, the Massachusetts Public Health Association convened an Emergency Task Force on Coronavirus and Equity to develop policy recommendations that address these disparities.[[48]](#endnote-48) The MPHA recommendations include:

1. **Enact a Moratorium on Evictions and Foreclosures** (enacted April 20, 2020)
2. **Decarceration and Social Distancing in Prisons and Jails** (legislation filed and pending as H.4652)
3. **Emergency Paid Sick Time**: Legislation was filed April 21 to address the gaps in benefits provided by current state and federal laws, including the federal CARES Act.
4. **Safe Access to Testing and Treatment for Immigrants**: MPHA notes that Attorney General Maura Healey has reached out to immigrant communities to assure them that they can safely receive testing and treatment regardless of immigration status and will not be penalized under the federal public charge rule.
5. **Safe Quarantine for People Experiencing Homelessness**: The Baker Administration took steps in April to provide safe quarantine for people experiencing homelessness, including opening several hotels around the state. However, much remains to be done to ensure that shelter residents can safely follow physical distancing guidelines.
6. **Crisis Standards of Care**: The Equity Task Force joined with other advocates in calling for the state to update its crisis standards of care. These standards contain guidelines on how to allocate scarce medical equipment in the event that the demand for critical care resources outstrips supply. Advocates have noted that these standards and guidelines are based on assumptions that discriminate against people of color and people with disabilities and set a dangerous precedent. The Baker Administration revised the standards on April 20, 2020, but advocates maintain that they remain inadequate.[[49]](#endnote-49)

**B. Long-term Considerations**

The Commission’s full annual report outlines the many ways in which Massachusetts needs widespread socioeconomic change in order to achieve equity for LGBTQ youth. Every one of the Commission’s recommendations is not only still relevant today, but is in fact more relevant than ever. In each of the Commission’s four policy focus areas – social inclusion, homelessness, juvenile justice, and health – there are two main considerations: first, that disparities and problems that existed previously have been made even worse, and second, that these disparities put the community at continued risk during this and any future public health emergency.

“I think people are seeing that societal structures that have been deemed impossible are actually manageable.”

* *Youth from Western Massachusetts*

While the purpose of this report is not to repeat and reiterate the Commission’s full annual recommendations, the following framework might be helpful in understanding how these recommendations apply in our “new reality” and why they are more important now than ever.

**1. Making All Services & Spaces Safer**

Now more than ever, LGBTQ youth are dependent on services that provide them with a safe place to go, either physically or virtually. The need for LGBTQ youth programs will likely increase even more after the pandemic, as experts believe that problems such as child abuse and intimate partner violence are likely increasing even as use of services has currently declined.[[50]](#endnote-50),[[51]](#endnote-51),[[52]](#endnote-52) The programs that are serving LGBTQ during the crisis and that will face the tsunami of need after it ends include many that rely on state funding, such as the HIV line item, the Youth At Risk Grants (YARG), the Department of Public Health’s Safe Spaces for LGBTQIA+ Youth, and the Safe Schools Program for LGBTQ Students, which is co-sponsored by the Commission and the Department of Elementary and Secondary Education. While the FY 2021 budget will be strained by the decrease in revenue caused by the pandemic, funding for these types of services must not be cut. To do so would both exacerbate the long-term impact of the COVID-19 pandemic and reduce the Commonwealth’s preparedness for public health crises of the future.

While LGBTQ-specific spaces and services will always be essential for the wellbeing of these youth, it is also important that the state make progress on ensuring that society as a whole – including families, schools, state entities, healthcare, and social services – are safer and more affirming. This can be accomplished through the Commission’s recommendations on increasing inclusion, presented in its full annual report. These recommendations include training all state employees and providers (including entities that receive state funding) on LGBTQ competency, a recommendation that – if adopted – would have ensured that LGBTQ youth statewide were able to find more competent services during the pandemic, when access to LGBTQ-specific spaces and providers was more limited. A more LGBTQ-affirming health and social services workforce would also help to address many underlying health inequities faced by the community, as described below, Encountering discrimination and mistreatment is a main reason why LGBTQ people are not often retained in services. For example, 8% of sexual minority adults and 29% of transgender adults reported that a health care provider refused to see them due to their sexual orientation or gender identity.[[53]](#endnote-53)

Beyond training those who provide essential services to be more LGBTQ-inclusive, the Commission’s recommendations on inclusion also highlight the importance of addressing family rejection. Issues involving family acceptance are even more prevalent now that many youth have had to deal with additional familial challenges in light of stay-at-home orders.

Finally, the Commission’s recommendations on inclusion include how to strengthen inclusion at schools, specifically by improving anti-bullying policy. Rebuilding a safe and supportive school environment will be critical after the unprecedented closure of public schools for over three months during the pandemic. Commission members who work in the field of education fear that bullying may have increased and morphed during this time, in which teachers were not physically present with students to observe and intervene in situations of bullying. Many fear that students will need additional support in this area in the year ahead. The possibility of future outbreaks of this or other viruses, and a repeat of the school closings, also presents the need for long-term planning around electronic or “cyber” bullying.

“There is a severe lack of understanding of the coming out process… [and] what it’s like being queer in a predominantly non-accepting space and the effect that can have on the student’s learning and attendance.”

- Massachusetts GSA Leadership Council participant

**2. Addressing Underlying Health Inequities**

The Commission’s annual report details a wide array of health disparities facing LGBTQ youth, including with respect to mental health, sexual health, and substance use. In addition, it is estimated that 65% of LGBTQ adults have preexisting conditions, such as asthma, diabetes, heart disease, or tobacco use, that put people at heightened risk during public health emergencies such as the COVID-19 pandemic.[[54]](#endnote-54),[[55]](#endnote-55) LGBTQ adults are also twice as likely to not have health insurance as non-LGBTQ adults, making it harder to access care to address underlying disparities and during a public health emergency,[[56]](#endnote-56) especially when facing issues of discrimination or low-quality care as described above.

The Commonwealth needs to adequately address these health inequities if it wishes to better prepare for future pandemics and ensure that such events do not have such a disparate impact on marginalized communities. For example, without adequately addressing the HIV epidemic, LGBTQ youth of color – and especially transgender women of color – will continue to be disproportionately at risk for viral infections that impact those who are immunocompromised. Addressing the HIV epidemic in the LGBTQ and Black communities must include treatment for those who are currently living with HIV, and prevention for those who are at risk for future seroconversion. There is no prevention method that is more upstream and potentially universal than insuring inclusive, comprehensive, and science-based health education in all Massachusetts schools. While this most commonly brings to mind quality sexual health information, it also would mean LGBTQ-inclusion in a variety of other areas, and being included itself would yield benefits to the mental health of youth who too often do not see themselves in their school’s curricula. Despite this being an obvious, tested, and critical intervention, the Commonwealth has failed to act for years on reforming health education, despite the efforts of many organizations and State House allies to do so. In the post-coronavirus world we are now living in, this is inexcusable.

Beyond health education, other health-related recommendations issued by the Commission herein – including funding for HIV services, improving PrEP access, and reforming the mental healthcare system – all would mean improvements to the underlying health inequities that have exacerbated the impact of COVID-19 on LGBTQ individuals, especially those of color. While none of these actions will itself mean protecting the community from a disproportionate impact of future pandemics, they all represent the type of systemic reform that the state must act on if it is to take the hard-learned lessons of the COVID-19 pandemic seriously.

**3. Ending Poverty and Homelessness**

LGBTQ youth are nearly three times as likely as other youth to experience homelessness, and transgender and gender-nonconforming youth, as well as youth of color, are particularly at risk.[[57]](#endnote-57) This is true for many reasons, including facing rejection from families and enjoying less socioeconomic opportunity than other youth. Less economic opportunity also means that LGBTQ youth are more likely to become unemployed during economic downturns, including that brought about by the pandemic, as well as to suffer problems such as food insecurity. All of these issues must be addressed – both to undo the harms incurred by the community by the pandemic and the shutdown, and to build a more secure community that will be less at risk in future public health emergencies.

“I am applying to jobs and as a result of the coronavirus there are very few entry level jobs as many companies have had to freeze hiring. I need money to pay rent as I transition out of college and to sustain myself while I continue to try to secure a job.”

*– Youth from Western Massachusetts*

The most significant action the Commonwealth has taken with respect to housing insecurity is an eviction moratorium law signed on April 20 that prohibits landlords from filing eviction notices (unless the health and safety of other tenants is at risk) for the next 4 months or until 45 days after the state of emergency for coronavirus is lifted.[[58]](#endnote-58) The moratorium will also protect homeowners from foreclosure and prevent many small businesses from being evicted from their store fronts if they are unable to make rent.[[59]](#endnote-59) While progress has been made to offer some protection to renters and homeowners, people experiencing homelessness in Boston have been significantly impacted by COVID-19. According to city officials, a staggering 1 in 3 people in Boston’s homeless community have tested positive for COVID-19 as of April 7.[[60]](#endnote-60)

Many LGBTQ youth who received grants from the Commission cited housing insecurity as a serious concern, as discussed above. As college housing closed with very little notice and jobs were cut, many youth lost their housing; some had to choose between moving in with unaccepting family members or living on the street. Considering how significantly LGBTQ youth are overrepresented among youth experiencing homelessness and housing instability, it is almost certain that this pandemic has greatly exacerbated these disparities. Without comprehensive data, however, it will be difficult to gauge the extent of this, which further highlights the need for SOGI collection in COVID-19 data.

While homelessness and housing instability have increased for LGBTQ youth as a result of the pandemic, they also contribute to the pandemic’s spread because people experiencing homelessness are at must higher risk for contracting COVID-19 for several reasons.

First, they come into close contact with people and surfaces at higher rates compared to people who are housed.[[61]](#endnote-61) Individuals living in emergency shelters “rely on congregate-living facilities for services, like showers and laundry shared amongst a large group of people.”[[62]](#endnote-62) These services are often also underfunded and understaffed, making it harder to maintain sanitary conditions. Second, people experiencing homelessness are at higher risk for other underlying health conditions, such as chronic stress conditions that weaken the immune system.[[63]](#endnote-63) Third, close, cramped conditions in most shelters make it virtually impossible for individuals in shelters to practice physical distancing.

“I hope people in more power will see this and start changing laws and policy for a thriving Boston. “

* *Youth from Greater Boston Area*

As detailed in our annual policy recommendations, housing instability and homeless require immediate and longer-term policy responses. The Massachusetts Youth Count, administered by the Massachusetts Coalition for the Homeless, is a critical source of data on youth experiencing homelessness in the Commonwealth. As the Youth Count is a collaborative effort between state and nonprofit entities, it should receive more support and funding, including more funding towards the youth ambassador program to ensure that it is inclusive of LGBTQ youth and youth of color. The state should also ensure that state agencies serving homeless youth are culturally competent in LGBTQ issues. The Department of Housing and Community Development (DHCD) should provide LGBTQ competency training to all housing providers and strive to ensure that all shelters receive training in this area. The state should further bolster their efforts in preventing youth homelessness and address the myriad ways in which LGBTQ youth become housing insecure and experience homelessness. Specifically, the state should further increase funding for the Residential Assistance for Families in Transition (RAFT) program and the budget line item for Youth at Risk Grants (YARG). As familial rejection is a leading cause of LGBTQ youth homelessness, the state should undertake more robust upstream prevention measures as detailed in the Commission’s recommendations report.

Beyond housing security, economic opportunity is another underlying issue that has caused LGBTQ people to be disparately impacted by the pandemic. Nationally, 15% of LGBTQ people work in restaurants and food services, 14% work in education, 7.5% work in hospitals, and 4% work in retail – all industries that have been severely impacted by the pandemic.[[64]](#endnote-64) Data clearly show that LGBTQ people have faced even graver consequences economically than the general population. For example:

* 30% of LGBTQ respondents have had their work hours reduced, compared to 22% of the general population;
* 12% of the LGBTQ population report becoming unemployed, compared to 14% of the general population; and
* 20% of LGBTQ people report that their personal finances are “much worse off” than they were one year ago, compared to only 11%of the general population.[[65]](#endnote-65)

There are no simple fixes to address the income inequality facing LGBTQ youth and adults in U.S. and the state. However, increasing LGBTQ inclusion in homes and schools, training as many employers as possible on LGBTQ diversity, and addressing inequities in physical and (especially) mental health would all make significant long-term impacts. Additionally, all policies that serve to reduce income and wealth inequality on the whole – such as raising the minimum wage and implementing fair taxation – stand to disproportionately benefit LGBTQ people given their lower current socioeconomic standing.

One socioeconomic impact of COVID-19 that requires a specific policy response is food insecurity. Feeding America has found that 98% of food banks in their network have reported an increase in demand.[[66]](#endnote-66) Further research has found that LGBTQ people, particularly LGBTQ people of color and those with disabilities, are more likely than non-LGBTQ people to experience food insecurity.[[67]](#endnote-67) Several national surveys have found that 27% of LGBTQ adults experienced food insecurity in the last year, compared to 17% of non-LGBTQ adults.[[68]](#endnote-68) Within the LGBTQ community, 42% of Black LGBTQ people, 33% of Hispanic LGBTQ people, and 31% LBT women reported experiences with food insecurity in the past year.[[69]](#endnote-69) While this issue can be addressed through general measures to reduce income inequality and improve socioeconomic equality, as discussed immediately above, the state should also ensure that services helping individuals with food insecurity are LGBTQ inclusive. This includes ensuring that food banks and those who connect people to food access benefits, such as the Department of Transitional Assistance (DTA), are trained in LGBTQ inclusion and are conducting LGBTQ-specific outreach. DTA has already made significant progress on this issue in partnership with the Commission, as discussed in their section of the recommendations.

**4. Supporting Systems-involved Youth**

As discussed in the Commission’s annual report, limited available data suggests that LGBTQ youth are more likely to be involved with state systems, including the child welfare system, juvenile justice system, and adult criminal justice system. They also face unique challenges and often have worse outcomes than other youth in the same system. The pandemic has shed light on some of the inherent safety risks posed by living in many of the facilities that comprise these systems, which means that in addition to making these systems safer, we also must ensure LGBTQ youth are diverted from these systems when appropriate. Because diversion in Massachusetts has benefitted White youth far more than it has benefited youth of color, and because LGBTQ youth of color are at heightened risk for systems involvement compared to White LGBTQ youth, it is particularly important that diversion programs prioritize LGBTQ youth of color.

Although Massachusetts has enacted an eviction moratorium for the duration of the pandemic, other pathways to housing instability and homelessness have remained unaddressed. Many youth involved with the Department of Children and Families run the risk of experiencing homelessness as they age out of the system, and this issue has increased during the pandemic.[[70]](#endnote-70) A significant amount of youth and young adult homelessness in Massachusetts is a result[[71]](#endnote-71) of youth aging out of the foster care system, and this is likely to increase due to COVID-19. To remedy this, Massachusetts should impose a moratorium on case closures for older youth to ensure that these youth continue to receive the care and assistance they need. Massachusetts should also create emergency housing options for these young adults aging out, and could do so by converting empty university dormitories into emergency housing for young adults.

Numerous youth and juvenile justice reform advocates and organizations have urged Governor Baker and the state legislature to take urgent measures to reduce the number of people incarcerated or otherwise confined in youth detention facilities to help slow the spread of COVID-19. While the Department of Youth Services (DYS) took some proactive measures around reducing detained and committed youth in secure facilities, other entities within the justice system did not act until the Supreme Judicial Court compelled them to.

Specifically, DYS has released guidance in concert with the Executive Office of Health and Human Services regarding hygiene, health protocols, and physical distancing.[[72]](#endnote-72) As education is an integral part of success for DYS-involved youth, the department has been working to expand remote learning opportunities and has worked closely with the Department of Elementary and Secondary Education (DESE) to do so. DYS has further released an interim advisory on expediting release of committed young people serving time in a secure/residential facility to community-based supervision and guidance to expedite the release of detained young people held in overnight arrest or pre-trial detention in light of juvenile court closures.[[73]](#endnote-73)

Many signs point to a high likelihood of a second wave of COVID-19 in the coming months, and other pandemics and public health crises will surely follow in the future. The time is ripe for the state to take sustained action on protecting those in the adult criminal justice system from future harm and reducing the number of people who are incarcerated. Considering that people of color are are vastly overrepresented among incarcerated individuals, including LGBTQ people of color, reducing the prison population for those who do not pose a threat to society should already be a goal of the state government. It is certainly a view held by this Commission. However, despite the severity of the COVID-19 crisis and the disproportionate rate of infection among incarcerated individuals, much of the response by the adult criminal justice system has only happened by court order.

On April 3rd, the Supreme Judicial Court issued a ruling stating that some incarcerated individuals can be released from state prisons and jails early to slow the spread of COVID-19.[[74]](#endnote-74) The Court ruled that pre-trial detainees “not charged with certain violent offenses and those held on technical probation and parole violations are eligible for hearings to determine if they can be released.”[[75]](#endnote-75) Recognizing that courts have limited jurisdiction over individuals who have already been sentenced, the SJC urged the Department of Corrections and the Parole Board to utilize the tools within their authority to allow individuals to be supervised in the community through parole and further urged the Parole Board to expedite the release of over 300 individuals whose requests for parole had already been approved. Despite the SJC ruling, the Parole Board delayed the release of these individuals, resulting in a second lawsuit.[[76]](#endnote-76)

It is practically impossible to physically distance in any correctional setting, jail, or prison. This is a primary reason why the infection rate of COVID-19 among state prisoners is reported to be 2.6 times higher than the general population, and the infection rate among Department of Corrections (DOC) employees is reported to be 1.5times higher than the general population. In addition to several rulings from the Supreme Judicial Court and guidance from the Department of Youth Services (DYS) aimed at reducing the prison population amid the ongoing crisis, there is legislation pending in the state legislature from Rep. Lindsay Sabadosa regarding decarceration amid the COVID-19 crisis.

H.4652, *An Act Regarding Decarceration and COVID-19* aims to reduce the number of pre-trial and sentenced individuals in prisons and jails in order to allow those facilities to practice safe physical distancing procedures both for individuals who remain incarcerated and for the staff and contractors in those facilities.[[77]](#endnote-77) The legislation:

1. Sets criteria to allow individuals who can safely serve their confinement at home or in other community-based settings to mitigate the spread of COVID-19 within confinement facilities;
2. Requires these facilities to immediately address long-standing problems regarding sanitary conditions to improve hygiene in these facilities; and
3. Removes barriers for incarcerated individuals to contact their families by providing for free phone calls and emails during the public health emergency.

Finally, any international organizations have also drawn attention to the particular hardships and concerns that sex workers are facing in light of the COVID-19 crisis. This is relevant to the work of the Commission considering that LGBTQ youth are much likelier to engage in sex work and in survival sex when experiencing housing instability and homelessness.[[78]](#endnote-78) In addition to sex workers facing a loss of income and an increase in harassment and discrimination, many sex worker-led organizations have reported being excluded from “national social protection schemes and exclusion from emergency social protection measures being put in place for other workers.”[[79]](#endnote-79) While not much has been written about COVID-19’s impact on sex workers in Massachusetts, a new report by the International Committee on the Rights of Sex Workers in Europe (ICRSWE) sheds light on some broad, common truths.[[80]](#endnote-80) The ICRSWE report notes that sex workers in Europe live on the “economic margins” and often have less money in savings and often cannot turn to government programs for support.[[81]](#endnote-81) Sex workers often come from groups who are already economically and socially marginalized, including LGBTQ individuals, many of whom experience homelessness due to family rejection.[[82]](#endnote-82) UNAIDS has called on countries to take immediate action to protect the health, safety, and rights of sex workers and has issued their own set of recommendations, which range from short-term emergency supports to longer-term recommendations to end the criminalization of sex workers.[[83]](#endnote-83)

**IV. Conclusion**

This report presents novel research on the impact of the COVID-19 pandemic on LGBTQ youth in Massachusetts. Some of this impact is unique to LGBTQ individuals, while other facets are merely issues that are felt particularly strongly by the LGBTQ community because of preexisting inequities. While the recommendations presented herein include several items that have arisen in response to the pandemic, many are reiterations of recommendations that the Commission has issued to the state for many years. The less that is done to address fundamental inequalities and unmet needs of marginalized populations, such as LGBTQ people and people of color, the more devastating the results of the current crisis will be, as well as the results of whatever crises may follow. On the other hand, if the state can learn and adapt from the pandemic, it may be able to address many of the failings of our socioeconomic safety net and public health infrastructure that have always existed but have recently come into sharper focus.

“I'm really hopeful about the collective resistance of the people.”

*– Youth from Greater Boston Area*

# image4.pngimage41.pngNew Data on Transgender Youth in Massachusetts

Every two years, the Commonwealth conducts the Massachusetts Youth Risk Behavior Survey (MYRBS) by using a representative sample of high school students. The biannual survey includes questions on gender identity and sexual orientation, as well as a variety of other demographic indicators. Last year, the Commission used its annual report to present an analysis on the intersection of LGBTQ status and gender, race, and ethnicity.[[84]](#endnote-84) This year, using data from the 2015 and 2017 iterations of the survey, the Commission is reporting specifically on the disparities facing transgender youth in the Commonwealth.

In the combined 2015-2017 MYRBS data, 3.1% identified themselves as transgender or questioning their gender identity while 12.8% identified themselves as gay, lesbian, bisexual, or questioning their sexual orientation. These categories overlapped, with 62.3% of transgender/questioning youth also self-identifying as LGBQ. Altogether, 13.9% of Massachusetts high school students identified as LGBTQ.

As of 2017, 2.9% of students identified as transgender, representing approximately one in 34 high school students across the Commonwealth. As some students who are gender-nonconforming identify as transgender and others do not, it is likely that the full population of youth who are transgender and/or gender-nonconforming surpasses the figure of 2.9%. There is presently no question to specifically assess the number of students who have gender-nonconforming identities (e.g. nonbinary, genderfluid, or agender).

In the analyses that follow, MYRBS data from 2015 and 2017 were pooled to create a larger sample of transgender students and thus more reliable comparative data analyses.

### Picture 5I. Inclusion, Bullying, and Support

Transgender students face staggering disparities with respect to school-based inclusion and safety. Nearly three in ten (28.5%) of transgender youth had skipped school within the past month because they felt unsafe, which was more than three times the rate of non-transgender LGBTQ youth and more than eight times the rate of non-LGBTQ youth. It is easy to understand this fear when examining other factors such as the increased chance of being bullied (26.2% of transgender students compared to 13% of heterosexual, cisgender students), being threatened or injured with a weapon at school (22.6% of transgender students compared to 3.9% of heterosexual, cisgender students), or being involved in a physical fight (24.4% of transgender students compared to 11.7% of heterosexual, cisgender students). Transgender students were also almost four times as likely as heterosexual, cisgender students to face sexual contact against their will, with a staggering 20.4% reporting such abuse, which may also contribute to their fear of going to school.

Transgender students were also less likely to have the support of parents and educators to help mitigate the mistreatment they faced from peers. Only 45.9% of transgender students said they could talk to both a parent and school professional about things that were important to them, compared to 55.5% of other LGBTQ students and 65.9% of non-LGBTQ students. LGBTQ students were twice as likely as non-LGBTQ students to say that they had neither a parent nor an educator to whom they could turn to talk about important things happening in their lives. Transgender youth were also twice as likely to rely on an educator for support, without being able to turn to a parent, compared with non-LGBTQ students. This highlights the importance of training and assisting educators in how to support their transgender students.

The impact of the lack of inclusion facing transgender students is apparent not just in their health and wellbeing outcomes, as discussed below, but also in their academic performance: only 60.9% of transgender youth reported receiving mostly As and Bs in school, compared to 67.7% of other LGBTQ peers, and 72.8% of their non-LGBTQ peers. Transgender youth were also more likely to self-report having both learning and physical disabilities, elevating their need for academic and social supports, and furthering their risk for social isolation within their school’s community.

**Table 1. Experiences Relating to School Inclusion and Safety among Massachusetts High School Students, by Sexual and Gender Identity, 2015-2017**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Transgender Students** | **Other LGBTQ Students** | **Non-LGBTQ Students** |
| Bullied at school in the past year\*\*\* | 26.2 | 24.8 | 13.0 |
| Skipped school in past month because felt unsafe\*\*\* | 28.5 | 9.1 | 3.5 |
| Been in a physical fight at school in the past year\*\*\* | 24.4 | 13.4 | 11.7 |
| Threatened or injured with weapon at school\*\*\* | 22.6 | 6.6 | 3.9 |
| Bullied electronically in the past year\*\*\* | 23.2 | 20.6 | 11.6 |
| Made mostly As and Bs in school\*\*\* | 60.9 | 67.7 | 72.8 |
| Long-term learning disabilities\*\*\* | 19.1 | 16.7 | 11.5 |
| Physical disabilities\*\*\* | 24.5 | 16.8 | 11.1 |

\* p<.05; \*\*p<.01; \*\*\* p<.001

**Table 2. Percent of Massachusetts Students Who Could Speak to an Adult at Home or At School, by Sexual and Gender Identity, 2015-2017**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Transgender Students** | **Other LGBTQ Students** | **Non-LGBTQ Students** |
| Neither school nor parent | 18.5 | 13.3 | 9.1 |
| Parent only | 17.8 | 16.2 | 16.5 |
| School only | 17.8 | 15.0 | 8.5 |
| Parent and school | 45.9 | 55.5 | 65.9 |

p<.001

### Picture 5II. Sexual and Behavioral Health

Sadly, the lack of support and inclusion – and sometimes active violence – faced by transgender youth clearly affects their mental health. A staggering four in ten transgender students (38.2%) reported seriously considering suicide within the past year, more than three times the rate of non-LGBTQ students (10.7%) and also higher than other LGBTQ peers (34.2%). Perhaps even more troublingly, the disparities that transgender students face when compared to other LGBTQ peers and non-LGBTQ peers grow when looking at actual suicide *attempts* or self-harm. For example, transgender students are 1.6 times more likely to attempt suicide when compared to other LGBTQ youth and 5.8 times more likely compared to non-LGBTQ youth. This suggests that non-transgender youth have more support or skills than transgender youth to de-escalate mental health crises at the point between suicidal contemplation and attempt.

Transgender youth were also more likely to use dangerous substances, most likely as a means of coping with the challenges they face. Transgender youth were a staggering 15 times more likely to use heroin than were non-LGBTQ youth, highlighting that it will be impossible to fully address the opioid crisis without accounting for the needs of transgender youth. Transgender youth were also more likely to be currently using electronic cigarette or “e-cig” products when compared to their peers, with 29.4% reporting current use. While they were less likely than LGB and non-LGBTQ students to have reported ever consuming alcohol, they were *more* likely to report trying alcohol before the age of 13, putting them at risk for injury and addiction.

Finally, with respect to behavioral health, transgender youth were significantly less likely to report getting regular exercise than were their non-transgender peers and were more likely to perceive themselves as being either overweight or underweight compared to non-LGBTQ youth. These factors seem to put transgender youth at an increased risk for developing eating disorders and body image issues, which could interact troublingly with gender dysphoria.

In terms of sexual health, while transgender youth were less likely to have had sexual intercourse overall, they were more likely to have had sexual intercourse before age 13 when compared to all peers, and more likely to have four or more sexual partners when compared to non-LGBTQ peers. They were also almost four times as likely as non-LGBTQ peers to have ever experienced sexual violence by someone they were dating. These data indicate the urgent need to have LGBTQ- and specifically transgender-inclusive health education as a means to educate both transgender students *and* their peers who engage in romantic relationships and/or sexual relations with transgender individuals about healthy, consensual sexual and dating behaviors.

Finally, while transgender youth reported higher rates of having ever been tested for sexually transmitted infections (STIs) than did their non-LGBTQ peers, this accounted for only about half of transgender youth who had been sexually active. Given the sexual health risk factors facing transgender youth – such as the aforementioned rates of sexual assault – the rate of 18.1% having ever been tested for STIs is concerning. Similarly, transgender youth were no more likely to have learned how to use a condom and were actually less likely to report having learned about HIV in school, despite presumably having been offered the same health education courses – suggesting students were skipping these classes or perhaps tuning out lessons that they felt excluded them.

**Table 3. Experiences Relating to Sexual Health among Massachusetts High School Students, by Sexual and Gender Identity, 2015-2017**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Transgender Students** | **Other LGBTQ Students** | **Non-LGBTQ Students** |
| Ever had sexual intercourse\*\*\* | 35.2 | 39.5 | 36.9 |
| Had sexual intercourse before 13 years\*\*\* | 8.9 | 5.6 | 2.8 |
| Had sexual intercourse with four or more persons\* | 9.8 | 10.0 | 7.1 |
| Currently sexually active | 23.0 | 26.2 | 27.2 |
| Ever forced to have sexual intercourse\*\*\* | 20.4 | 13.3 | 5.3 |
| Physical dating violence\*\*\* | 19.4 | 11.0 | 5.2 |
| Sexual dating violence\*\*\* | 21.6 | 16.2 | 4.8 |
| Used a condom\*\*\* | 33.3 | 43.0 | 61.4 |
| Used birth control\*\*\* | 25.9 | 14.3 | 30.6 |
| Ever tested for STIs\*\*\* | 18.1 | 17.6 | 11.5 |
| Ever taught about AIDS/HIV at school\* | 71.1 | 75.4 | 78.8 |
| Feel okay asking adult at school for help w/ sexual health | 30.4 | 30.9 | 33.0 |

\* p<.05; \*\*p<.01; \*\*\* p<.001

**Table 4. Experiences Relating to Behavioral Health, Exercise, and Body Image Among Massachusetts High School Students, by Sexual and Gender Identity, 2015-2017**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Transgender Students** | **Other** **LGBTQ Students** | **Non-LGBTQ Students** |
| Hurt self on purpose in the past year\*\*\* | 44.6 | 37.3 | 12.8 |
| Seriously considered suicide in the past year\*\*\* | 38.2 | 34.2 | 10.7 |
| Made a suicide attempt in the past year\*\*\* | 27.2 | 16.6 | 4.7 |
| Current cigarette use\*\*\* | 14.5 | 9.1 | 6.3 |
| Any lifetime heroin use\*\*\* | 15.3 | 3.4 | 1.0 |
| Ever electronic vapor product use | 40.6 | 44.6 | 42.6 |
| Current electronic vapor product use\* | 30.5 | 21.8 | 20.1 |
| Ever alcohol use\*\*\* | 51.8 | 66.5 | 58.3 |
| Drank alcohol before age 13\*\*\* | 30.7 | 22.8 | 11.8 |
| Current alcohol use | 27.3 | 33.8 | 31.4 |
| Exercised 5+ days in past week\*\*\* | 26.4 | 26.6 | 44.7 |
| Perceived weight\*\*\*  -Very underweight  -Slightly underweight  -About the right weight  -Slightly overweight  -Very overweight | 9.9  15.2  37.4  27.5  9.9 | 2.6  12.6  42.9  31.0  10.8 | 3.1  13.2  55.0  24.9  3.8 |
| What trying to do about weight\*\*\*  -Lose weight  -Gain weight  -Stay the same weight  -Not trying to do anything | 48.1  20.2  9.8  21.9 | 56.5  10.8  12.2  20.5 | 43.8  19.5  18.1  18.6 |

\* p<.05; \*\*p<.01; \*\*\* p<.001

### Picture 5III. Risk Factors for Homelessness and Justice Involvement

More than one in 22 transgender students (4.6%) have experienced homelessness, which was nearly three times the rate of other LGBTQ students and more than seven times the rate of non-LGBTQ students. The data also show that transgender youth were more likely than their non-LGBTQ peers to have ever been kicked out of their home, to have run away from home, or to have been abandoned, compared with non-LGBTQ youth; this means the homelessness disparity facing transgender students is likely not explainable by higher instances of their *family* experiencing homelessness. The fact that more transgender students reported having been kicked out or run away (6.7%) than reported being homeless (4.6%) suggests that the number at risk for homelessness, or who might be considered homeless under a more liberal definition, is even higher than the initial number suggests.

The homelessness disparity facing transgender students is unfortunately not surprising given the other disparities with respect to low engagement at school, lacking adult support, and facing behavioral health challenges – all of which can increase youth’s chances of experiencing homelessness. Of course, experiencing homelessness can also cause and exacerbate these same problems, leading to a cycle of trauma and isolation for some transgender youth.

With respect to juvenile justice involvement, while this is not directly monitored for by the MYRBS, it is clear that transgender youth face far higher rates for many of the risk factors for justice system involvement, including homelessness, behavioral health issues, truancy, and safety issues at school, which sometimes result in punishment of all students involved. Therefore, the data clearly indicate an increased likelihood of justice system involvement for transgender youth and highlight the need for restorative practices rather than incarceration whenever possible.

**Table 5. Percent of Massachusetts Students Who Faced Homelessness and Related Experiences, by Sexual and Gender Identity, 2015-2017**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Transgender Students** | **Other LGBTQ Students** | **Non-LGBTQ Students** |
| Ever experienced homelessness\*\*\* | 4.6 | 1.6 | 0.6 |
| Ever been kicked out, ran away, or abandoned\*\* | 6.7 | 6.8 | 3.9 |

\* p<.05; \*\*p<.01; \*\*\* p<.001

### Picture 5IV. Conclusion

In this original analysis of data on transgender high school students in Massachusetts, the Commission finds strong evidence of wide-ranging disparities facing this growing population. While the number of youth who have come out as transgender or questioning their identity speaks to the growing representation of transgender people in our society, there is a clear need to better support this population given the overwhelming disparities they face in terms of social inclusion, sexual and behavioral health, homelessness, and more. The Commission’s recommendations in the pages that follow indicate the best and most promising practices to address these disparities, including making schools more inclusive of transgender students with antibullying efforts and inclusive curricula, improving the competence of the state workforce to serve transgender people, increasing healthcare access for gender-affirming care, and addressing the causes of homelessness and juvenile justice involvement.

# image1.jpgIncreasing Inclusion

LGBTQ youth need to be included in all aspects of society, starting with their own homes – where they frequently face familial rejection – and continuing onto community, government, and school settings. Much of the Commission’s work in this field has focused on schools, where its Safe Schools Program for LGBTQ Students provides services both for educators and for students themselves. The Commission has also made progress on including LGBTQ youth in government services, though mandatory, statewide training on LGBTQ inclusion for state employees and contractors would be a major step forward; that goal is reflected in the recommendations below, and is one on which the Commission has made significant progress through the development of a curriculum with an EOHHS working group. Inclusion in the community is another goal that could be furthered through state action by requiring the same or similar training for community-based providers that receive state funds.

Family-based acceptance has been a more elusive goal for the Commission, given that there are fewer opportunities to interact with families (particularly those who do not support LGBTQ inclusion) than there are with educators and government personnel, who can be mandated or encouraged by their employers. Additionally, the traditional barrier between the family and the state – which has also been a historical issue in intervening against intimate partner violence and child abuse, for example – is another facet of increasing family acceptance of LGBTQ youth. However, this year, the Commission has made significant progress in assessing the needs of LGBTQ youth and their families to create more accepting homes. That goal is also reflected in the below recommendations and is explored in detail in the Special Report on Family Acceptance below.

The available data clearly show the need to address the social inclusion of LGBTQ youth from all available angles. LGBTQ students were less likely than their non-LGBTQ peers to report having a supportive parent and/or support at school, according to pooled data from the two most recent iterations of the Massachusetts Youth Risk Behavior Survey (MYRBS). LGBTQ students were 1.6 times more likely than non-LGBTQ students to say they neither had parental nor school-based support (14.3% vs. 9.1%).  Similarly, LGBTQ students were less likely than their non-LGBTQ peers to say that they had both school-based and parental support (53.6% versus 65.9%). Instead, more LGBTQ students seemed to rely on support in school than did non-LGBTQ students: 15.5% of LGBTQ students said that they had support from an adult in school but not from a parent, compared to 8.5%, meaning LGBTQ students were about 1.8 times as likely to be relying on school personnel for support but not a parent, compared to non-LGBTQ students. While the MYRBS does not assess support from state or community-based personnel in the same way, the gaps in support from both parents and educators suggest a need for growth there, as well.

**Table 6. Percent of Massachusetts High School Students Who Reported Social Support From Parents and/or School Staff by LGBTQ Identity**

|  |  |  |
| --- | --- | --- |
|  | **LGBTQ**  **(N=705)** | **Non-LGBTQ**  **(N=4473)** |
| Neither parent nor school\*\*\* | 14.3% | 9.1% |
| Parent only | 16.6% | 16.5% |
| School only\*\*\* | 15.5% | 8.5% |
| Parent and school\*\*\* | 53.6% | 65.9% |
| *\*\*\*Significant difference at the .001 level*  *MYRBS 2015 and 2017.* | | |

### Picture 5Recommendations to the Governor and Legislature on Inclusion

*“*I really appreciate how supported I am in Massachusetts. A couple of my friends and I went on a road trip out of state, and being visibly part of the LGBTQ community, we felt uncomfortable in local shops. I would attribute my safety in MA to education for ALL age groups. Further education should be mandatory. I learned the majority of my knowledge of the community through research after I discovered I was part of it.”

*– High school student, Metrowest*

1. Provide basic LGBTQ competency training to all state employees and contractors.

The Commission recommends that all state employees and contractors receive basic training on how to deliver competent and equitable services to LGBTQ clients and residents and how to work professionally and respectfully with LGBTQ colleagues in carrying out the multi-faceted work of state government. The Commission further notes the importance of LGBTQ competency among mental health providers, considering that LGBTQ youth still face disparate rates of self-harm, suicide contemplation, and suicide attempt. The Commission has developed a statewide training curriculum in coordination with the Executive Office of Health and Human Services (EOHHS) and the agencies that comprise it, as well as with several other partners. The Commission recommends that this or a comparable training be made available to all state employees and contractors, both in-person and online via PACE, the Commonwealth’s employee training system; that agencies work on implementing this or their own in-person training on LGBTQ inclusion; and that the Legislature and Administration explore how to make this or comparable training available to and utilized by all state employees and contractors. As is true with the Commission’s training curriculum, training should include concepts of intersectionality and issues particular to LGBTQ communities of color.

2. Support the interagency collaboration to address family rejection of LGBTQ youth.

The level of acceptance or rejection that LGBTQ youth face at home has huge implications for their wellbeing, across the subject areas of health, homelessness, and juvenile justice in which the Commission works. In FY 2019, the Commission invited representatives from various government agencies and nonprofits to convene and discuss how to better understand and address the issue of familial rejection of LGBTQ youth in Massachusetts. Those who responded formed the Family Acceptance Task Force in December 2018. In FY 2020, the Commission conducted listening sessions with youth and their families across the state to determine what was needed to assist families in their paths towards acceptance. The findings and recommendations that followed are discussed in detail in the Special Report on Family Acceptance below. The Commission looks forward to working with the Governor, Legislature, and relevant agencies to begin implementing these recommendations in FY 2021.

“I would like to see changes made in terms of nonbinary representation at a social and legal level.”

*– High school student, Central Massachusetts*

3. Strengthen protections against bullying of LGBTQ youth.

Implementation of the state’s anti-bullying plan has been a key part of the Commission’s work and the cornerstone of its programming for many years. New data on anti-LGBTQ bullying, as reported for the first time below, demonstrate the continued need to address this bias in schools as a way of protecting vulnerable students, preventing the negative health consequences of bullying, and improving educational outcomes. The Commission believes that the Commonwealth’s anti-bullying laws need to be strengthened. School districts need more funding and clearly defined mandatory requirements for how to counter bullying and proactively build more inclusive communities; these requirements should explicitly address LGBTQ students and mandate that districts make LGBTQ trainings available to all staff on a regular basis. Given the intersection between anti-LGBTQ bias and racial and ethnic biases, and the disproportionate needs facing LGBTQ youth of color, the Commission recommends that anti-racism components be included in this training. Beyond staff training, students also need more education to prepare them to deal with experiences of bullying, bias, and mistreatment; this goal could be advanced with bills such as An Act Relative to Mental Health Education (H. 482 / S. 244), which would add mental health as a required subject in K-12 schools, and An Act to Promote Social-Emotional Learning (H. 402 / S. 258), which could increase the use of social-emotional learning in classrooms. The Commonwealth should also strengthen existing requirements that schools provide age-appropriate instruction on bullying prevention, to ensure that the state is monitoring for evidence-based instruction at every level.

4. Adopt policies that recognize gender identity diversity in state workplaces.

The Commission issued policy guidance in 2017 entitled “Workplace Practices to Recognize Gender Identity Diversity.”[[85]](#endnote-85) The Commission recommends that state agencies review this guidance and share it with employees, either encouraging them to voluntarily share their gender pronouns or, at a minimum, making all employees aware of why some of their colleagues and clients may share their gender pronouns.

“In California, there is a non-binary gender marker on some legal forms of ID, and it would be cool if Massachusetts eventually was able to come around and have this be an option here too. “

- *High school student in Central Massachusetts*

5. Implement LGBTQ-inclusive curriculum in public schools.

California, Illinois, New Jersey, and Colorado have recently enacted legislation to require public schools to incorporate LGBTQ history into their curriculum. The Illinois law, for example, requires that history classes in public schools include a study of the roles and contributions of LGBTQ people in the United States and in the state. The Commission greatly appreciates the Department of Elementary and Secondary Education’s willingness to include inclusive curricular resources on the Department’s website, but further urges the state legislature to pass legislation to require public schools to incorporate LGBTQ history into their curriculum.

“Respect should be an obvious need, respect for students and people's sexual orientation and gender identity.”

*– High school student, GSA Leadership Council*

### Picture 4Research on Inclusion in Schools

1. School-based Inclusion and Bullying in Massachusetts

The Commission on LGBTQ Youth, along with the Department of Elementary and Secondary Education, co-sponsor the Safe Schools Program for LGBTQ Students. In addition to providing students across the state with leadership development opportunities, the program also offers extensive training and technical assistance to public schools, conducting approximately 200 interventions per year. In 2020, as the COVID-19 pandemic closed schools statewide, the Safe Schools Program’s trainings were brought primarily online for the first time. 98% of participants in the Commission’s Safe Schools Program rated the training positively,[[86]](#endnote-86) and Massachusetts was one of nine states out of 38 surveyed that increased LGBTQ inclusion professional development for educators between 2008 and 2014.[[87]](#endnote-87)

“I would like to feel more accepted in schools and in my community. It feels like no one knows about my identity and if they do they aren't accepting of it.”

*– High school student, GSA Leadership Council*

Data from the most recent MYRBS, as presented in the data report immediately above, shows that LGBTQ youth in Massachusetts are more likely to rely on adults at school for support because they are less likely to have support from a parent, when compared to non-LGBTQ youth. Building inclusive school environments is therefore critical for supporting the wellbeing of LGBTQ youth. While progress has been made on many fronts, LGBTQ youth today are still about 70% more likely to experience bullying than are their non-LGBTQ peers, as detailed in the Commission’s 2020 annual report;[[88]](#endnote-88) this trend is also seen nationally.[[89]](#endnote-89) Research has shown that school-based victimization against LGBTQ youth is linked to their mental health, and can cause higher levels of depression as well as suicidal ideation.[[90]](#endnote-90) Therefore, the disparate rate of bullying faced by LGBTQ youth is also tied to the community’s higher suicide risk, as discussed in the “Improving Health” section below.

LGBTQ youth are also about 70% more likely to experience cyberbullying.[[91]](#endnote-91) Little research has been done on the effect of cyberbullying on the mental health of LGBTQ youth, but studies have found that LGBTQ youth who are cyberbullied are significantly less likely to report talking to a parent or guardian about the abuse than heterosexual youth.[[92]](#endnote-92) Research suggests that the relationship between experiencing cyberbullying and suicidal ideation is even stronger than that between traditional bullying and thoughts of suicide,[[93]](#endnote-93) which is of particular concern for LGBTQ youth who are already at higher risk of experiencing both cyberbullying and suicidal ideation.

With LGBTQ students reporting higher rates of facing threats or injuries with weapons at school, as well as a higher likelihood of being in fights, it is not surprising that they are also more than three times as likely to skip school because they feel unsafe. These factors all likely contribute to poorer academic achievement among LGBTQ students, with these students less likely than their non-LGBTQ peers (66.2% versus 72.8%) to report earning mostly A’s and B’s in school.[[94]](#endnote-94)

**Table 7. Risk Factors Facing LGBTQ Versus Non-LGBTQ Students**

|  |  |  |  |
| --- | --- | --- | --- |
| **Percent of Students Who Reported Risk Behaviors and Experiences, 2017** | **LGBTQ Students** | **Heterosexual - Cisgender Students** | **Relative Risk for LGBTQ Students** |
| Bullied at school in the past year | 22.3 | 12.8 | 1.7x |
| Skipped school in past month because felt unsafe | 11.5 | 3.3 | 3.5x |
| Been in a physical fight at school in the past year | 9.8 | 5.2 | 1.9x |
| Threatened or injured with weapon at school | 9.0 | 4.4 | 2.1x |
| Bullied electronically in the last year | 20.7 | 11.9 | 1.7x |
| Can talk to parents about "things that are important to you" | 73.9 | 81.1 | 0.9x |
| ***All differences between LGBTQ and Heterosexual/Cisgender students are statistically significant, p. < .01.***  ***2017 Massachusetts Youth Risk Behavior Survey (MYRBS).*** | | | |

**Table 8. Risk Factors Facing LGBTQ, by Race/Ethnicity**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Asian**  **(N=48)** | **Black / African American**  **(N=94)** | **White (N=396)** | **Latinx /**  **Hispanic**  **(N=75)** | **Multiple, Latinx/**  **Hispanic**  **(N=174)** | **Multiple,**  **Non-Latinx/ Hispanic**  **(N=52)** |
| Bullied at school in the past year\*\* | 10.6 | 15.7 | 29.5 | 14.7 | 24.7 | 30.8 |
| Bullied electronically in the past year\*\* | 6.3 | 13.8 | 23.0 | 14.7 | 26.9 | 19.6 |
| Skipped school in past month because felt unsafe\*\* | 6.3 | 16.5 | 9.4 | 12.0 | 20.3 | 9.6 |
| Been in a physical fight at school in the past year\*\*\* | 8.3 | 18.0 | 11.3 | 18.1 | 25.9 | 10.2 |
| Threatened or injured with weapon at school\* | 6.3 | 10.6 | 6.3 | 5.3 | 14.5 | 11.5 |
| Can talk to parents about “things that are important to you” | 63.0 | 65.0 | 72.3 | 72.2 | 69.2 | 73.8 |
| *\* p < .05; \*\* p < .01; \*\*\* p < .001*  *2015-2017 MYRBS.*  *Native American/Alaskan Native youth (N=5) and Native Hawaiian and other Pacific Islander youth (N=3) are not included here due to the very small sample sizes.* | | | | | | |

Key differences in school safety and inclusion exist along racial and ethnic lines. While White LGBTQ students were more likely to report experiences of bullying in the last year than were most other racial and ethnic groups—with the exception of multiracial, non-Latinx youth, who faced the highest bullying rate—LGBTQ students of color reported higher disparities on many other safety indicators.[[95]](#endnote-95) Black, Latinx, and multiracial LGBTQ students were all more likely to report skipping school because they felt unsafe. Black, Latinx, and multiracial Latinx LGBTQ students were more likely to report being in a physical fight at school than were White LGBTQ students, and Asian, Black, and multiracial students of all ethnicities were more likely to have been threatened or injured by a weapon at school. Therefore, a narrow focus on LGBTQ antibullying that does not also include a consideration of other school safety concerns is likely to offer limited support to LGBTQ students of color. “Bullying” as such—especially if narrowly defined—is unlikely to be as significant a safety concern for students if they are also dealing with threats, injuries, and other dangers that are forcing them to leave school.

While statewide data does not include nonbinary gender identities, the data do show that LGBTQ girls and boys face different types of risk factors for safety and inclusion at school.[[96]](#endnote-96) While GBTQ males were more likely than LBTQ females to have been in a physical fight, been threatened or injured by a weapon, or skipped school because they felt unsafe, LBTQ females were more likely than their male GBTQ counterparts to have been bullied in school or electronically. They were also more likely than their male GBTQ counterparts to hurt themselves on purpose, have seriously considered suicide, or have made a suicide attempt. LBTQ girls were also more likely than GBTQ boys - and far more likely than heterosexual, cisgender girls - to have experienced sexual contact against their will. On the other hand, GBTQ boys were much more likely than LBTQ girls, or non-LGBTQ boys or girls, to engage in heroin use.

Youth who are questioning their sexuality are rarely given much attention by LGBTQ organizations and research, but evidence suggests that questioning students do need additional support. Research has found that questioning students are at higher risk of negative outcomes than both heterosexual students and students with confirmed LGB identities. Questioning students reported experiencing more homophobic bullying and higher rates of depression and suicidal feelings than heterosexual or LGB students. Questioning students who experienced homophobic bullying were more likely to use alcohol or drugs than their heterosexual and LGB peers. Some research suggests that LGB students, while marginalized, are able to draw support from other LGB peers, but questioning students do not have the same sense of support. This suggests that more work needs to be done to support students who are questioning their sexuality, and that research data specific to questioning students would be highly beneficial.[[97]](#endnote-97)

1. **Educator Trainings to Increase School Inclusion**

Training school staff is an important strategy for supporting LGBTQ youth.[[98]](#endnote-98),[[99]](#endnote-99),[[100]](#endnote-100) Often, this training occurs through professional development programs, where staff (e.g., teachers, counselors, and school administrators) learn about the experiences of LGBTQ students and the issues they face.[[101]](#endnote-101) Training topics can include sexual orientation, gender identity, and gender expression (SOGIE); appropriate LGBTQ terminology; and stigma and bullying towards LGBTQ and gender-nonconforming students.[[102]](#endnote-102),[[103]](#endnote-103),[[104]](#endnote-104),[[105]](#endnote-105),[[106]](#endnote-106) Research shows that schools with LGBTQ-focused professional development programs, such as those offered by the Commission’s Safe Schools Program, are safer and more welcoming.[[107]](#endnote-107),[[108]](#endnote-108) Further, the presence of adults at school who are supportive of LGBTQ youth is linked to less hostile school climates — as well as greater academic and health outcomes for LGBTQ students.[[109]](#endnote-109),[[110]](#endnote-110)

Overall, the effects of school-based LGBTQ trainings can be categorized as: (1) increased school staff knowledge, awareness, and beliefs, (2) increased staff self-efficacy, (3) behavior change by staff (e.g., increased intervention in anti-LGBTQ remarks), and (4) a more positive school climate. These effects align with the theory of change models and ally development models described throughout the literature.First, teachers and school personnel must develop knowledge and awareness around LGBTQ experiences. With this foundation, they can build skills to support LGBTQ youth and intervene in anti-LGBTQ behavior. Feeling competent in these skills, they are then more likely to take action and become advocates for LGBTQ youth. In turn, this can help create a safer, more inclusive school environment.[[111]](#endnote-111),[[112]](#endnote-112),[[113]](#endnote-113),[[114]](#endnote-114),[[115]](#endnote-115),[[116]](#endnote-116)

“Some adults aren’t well educated. I’ve had to explain nonbinary and gender-fluid to both of my parents. People should be better informed to know more.”

*– Youth, Massachusetts*

*1. Increased Knowledge, Awareness, and Beliefs*

Research has found that increasing staff knowledge of LGBTQ students can help ensure safer schools. According to a national survey analysis, knowing LGBTQ students is a significant predictor of how often teachers intervene in homophobic remarks.[[117]](#endnote-117) Many other studies use pre- and post-surveys to measure knowledge gained. The results show that after LGBTQ trainings, school staff report increased knowledge across a variety of topics, including:

* Transgender youth identities,[[118]](#endnote-118)
* LGBTQ-related terminology and where to find LGBTQ-related resources,[[119]](#endnote-119)
* Demographics and development of LGBTQ youth,[[120]](#endnote-120)
* Common challenges and risk factors facing LGBTQ students,[[121]](#endnote-121),[[122]](#endnote-122)
* Best practices in counseling LGBTQ students (reported by school counselors).[[123]](#endnote-123),[[124]](#endnote-124)

The survey evaluations collected by the Commission’s Safe Schools Program show that 96% of participants learn to better understand the experiences of LGBTQ students and families.Further, most participants learn more about DESE (Department of Elementary and Secondary Education) policy guidelines and about resources for creating safe and supportive learning environments for LGBTQ students.[[125]](#endnote-125)

Researchers have also noted increases in school staff awareness, although the definition of “awareness” greatly varies.[[126]](#endnote-126),[[127]](#endnote-127),[[128]](#endnote-128),[[129]](#endnote-129) For instance, in a survey evaluation of “Step In, Step Up!”— an online simulation to practice engaging with LGBTQ youth — researchers show a significant increase in teachers’ awareness to use gender-neutral language in class.[[130]](#endnote-130) In a study on the Commission’s Safe Schools Program, two-thirds of teachers and administrators who completed the training were more aware of LGBTQ community resources.[[131]](#endnote-131) In another study with school counselors, those who completed an LGBTQ training rated higher awareness of working with LGBTQ students on the Sexual Orientation Counselor Competency Scale (SOCCS). Notably, school counselors who reported higher awareness levels of sexism and heterosexism also had greater LGBTQ competency.[[132]](#endnote-132)

A few studies found mixed results or no significant increase in awareness. After a two-hour professional development training, researchers learned that only school administrators, not teachers or mental health professionals, reported increased awareness of LGBTQ-based bullying and harassment. This suggests that different types of school personnel have varying awareness levels — and may need different content during trainings.[[133]](#endnote-133) However, building awareness is a crucial aspect for all staff. Understanding of anti-LGBTQ bullying and harassment in schools strongly predicts how often teachers intervene in homophobic remarks.[[134]](#endnote-134)

In a study of a two-day LGBTQ training in New York City, school staff commonly expressed greater awareness of LGBTQ experiences and biases during focus groups. Yet in the post-surveys, staff reported diminishing awareness of how their actions affected LGBTQ students.[[135]](#endnote-135) This supports the idea that one-time LGBTQ trainings in schools may not contribute to long-term changes — and that ongoing interventions may be beneficial.

Finally, LGBTQ trainings can positively affect school staff’s beliefs. Teachers who receive high levels of training have more positive attitudes towards LGBTQ youth compared to those with limited professional development.[[136]](#endnote-136) Other post-survey evaluations indicate that school staff rate the importance of intervening in homophobic comments more highly after training.[[137]](#endnote-137),[[138]](#endnote-138) They also have more positive perceptions about the role of school staff in supporting LGBTQ students by creating a safer, more affirming environment.[[139]](#endnote-139) However, similar to the diminishing effects of self-awareness, the same study witnessed school staff’s empathy for LGBTQ students diminish over time, hinting again that a one-time training may not be enough.[[140]](#endnote-140)

While a handful of researchers recommend professional development trainings that discuss beliefs beyond LGBTQ bullying and risk factors — such as understanding social justice, recognizing heteronormativity, and challenging systems of oppression in schools — these are not commonly measured in the literature. Authors suggest that current trainings, especially short ones, may not be equipped to cover these deeper topics, but that they’re key to changing foundational beliefs around gender and sexual minorities and shifting school climates to focus not just on inclusivity but on equity.[[141]](#endnote-141),[[142]](#endnote-142),[[143]](#endnote-143),[[144]](#endnote-144)

“I became well aware of how little understanding or acceptance there is surrounding trans, non-binary and gender non-conforming identities. Asking pronouns and preferred names (and respecting them!) is such a simple and affirming ask.”

*- Educator, Greater Boston*

*2. Increased Self-efficacy*

Most of the data on the effects of LGBTQ trainings indicate an increase in participant self-efficacy. Even a brief two-hour training can improve school staff’s self-efficacy in addressing anti-LGBTQ behaviors and creating inclusive school environments.[[145]](#endnote-145) Specifically, school staff report a significant increase in their comfort in intervening in homophobic comments, their competence in addressing anti-LGBTQ bullying and harassment, and their confidence in promoting an inclusive environment.[[146]](#endnote-146) Other studies also highlight a significant improvement in confidence in both addressing anti-LGBTQ language and discussing concerns about being teased, harassed, or bullied with students.[[147]](#endnote-147),[[148]](#endnote-148),[[149]](#endnote-149),[[150]](#endnote-150) Similar to the findings about knowledge and awareness, self-efficacy is also a significant predictor of how frequently teachers intervene in anti-LGBTQ remarks.[[151]](#endnote-151)

One study noticed that self-efficacy decreased after training. The authors theorize that teachers may realize they’re less equipped to support LGBTQ youth after discussing real-life situations during the trainings.[[152]](#endnote-152),[[153]](#endnote-153) Nonetheless, there is strong evidence that self-efficacy is necessary for school personnel to take action. The more comfortable teachers feel intervening in bullying and harassment towards LGBTQ students, the more often they report actually intervening.[[154]](#endnote-154) Numerous studies illustrate ways to build self-efficacy during trainings, such as using case studies, role play, interactive exercises, and open group discussions.[[155]](#endnote-155),[[156]](#endnote-156),[[157]](#endnote-157),[[158]](#endnote-158),[[159]](#endnote-159),[[160]](#endnote-160),[[161]](#endnote-161) These activities can help school personnel practice skills and feel more confident intervening when anti-LGBTQ behavior actually occurs.

*3. Behavior Change*

Two common behavior changes associated with LGBTQ professional development programs are increased school staff intervention in anti-LGBTQ behavior and increased communication with students and teachers about LGBTQ topics. For instance, school personnel report more communication with students and other staff about LGBTQ issues following their training.[[162]](#endnote-162) Results from the “Step In, Speak Up!” online simulation found that afterwards most teachers reported an increase in connecting LGBTQ youth to support services (51%), speaking with students after class to see if they were okay (54%), and having conversations with other adults at school about LGBTQ harassment and bullying (58%), discriminatory language in classrooms (64%), and how to better support LGBTQ students (78%).[[163]](#endnote-163)

In the same study, over 50% of school staff reported an increase in the number of times they intervened when students were being teased, harassed, or bullied by students labeling them as LGBTQ.[[164]](#endnote-164) After receiving training from the Commission’s Safe Schools Program, 88% of participants say they develop either “some” or “a lot” of skills to respond to bias-based bullying — and 89% say they will change their practice/policies based on what they heard or talked about during the training.[[165]](#endnote-165) In a case study of the Welcoming Schools program, which offers similar training to the Safe Schools Program for LGBTQ Students, schools that completed the training experienced a 50% reduction in bullying behavior within two years.[[166]](#endnote-166)

While the Welcoming School study is one of the few that looked at the long-term effects of professional development training, the researchers do not explain how they measured bullying reduction. In most studies, the data is collected through self-reporting. This is a limitation since there can be a discrepancy between what school staff say they did (or will do) and what they actually do — especially when it comes to advocating for LGBTQ youth or intervening in anti-LGBTQ bullying and harassment.[[167]](#endnote-167) Some experts claim that it’s more realistic to change knowledge and awareness through a professional development training than actual behaviors.[[168]](#endnote-168) For example, results from the Commission’s Safe School evaluations indicate that participants had the least understanding of developing bullying intervention skills.[[169]](#endnote-169) More ongoing trainings and practice are called for to build skills that affect behavior change for supporting LGBTQ youth.[[170]](#endnote-170),[[171]](#endnote-171),[[172]](#endnote-172),[[173]](#endnote-173),[[174]](#endnote-174),[[175]](#endnote-175)

*4. School Climate*

There is evidence that LGBTQ-focused professional development trainings can positively impact school climate, especially compared to schools without this training.[[176]](#endnote-176) School staff who experience trainings say they engage more in activities to create safer schools for LGBTQ students, such as supporting GSAs and including LGBTQ content in the curriculum.[[177]](#endnote-177),[[178]](#endnote-178),[[179]](#endnote-179) Twenty years ago, researcher Laura A. Szalacha conducted a mixed methods study on the Commission’s Safe Schools Program.[[180]](#endnote-180) The results state that schools that receive training from the Safe Schools Program have more positive “sexual diversity climates,” meaning greater tolerance and lower sexual prejudice. Importantly, students at these schools report feeling more supported by teachers and counselors and believe their school is safer with a less sexually prejudiced environment. This is the only study reviewed that measures the effectiveness of professional development trainings from the perspective of students.

*5. Lessons Learned*

Overall, the literature emphasizes positive results of professional development trainings in schools around LGBTQ topics. However, researchers offer lessons learned and recommendations to improve LGBTQ trainings and the methods used to collect data on their effectiveness. These include:

* **More observational data and self-reported data from students are needed.** The existing studies mostly rely on self-reported, quantitative survey data from school staff participants.
* **More longitudinal studies are needed to measure the long-term, sustained effects of LGBTQ trainings in schools.**[[181]](#endnote-181) Most of the studies collect data before the training at baseline and soon after the training.
* **Trainings are too short and infrequent**. Throughout the literature, school staff claim that they need more training, knowledge, and skills (especially to address anti-LGBTQ bullying and harassment).[[182]](#endnote-182),[[183]](#endnote-183),[[184]](#endnote-184),[[185]](#endnote-185),[[186]](#endnote-186) Some of the training outcomes — increased empathy and awareness — diminished during the follow-up evaluations.[[187]](#endnote-187),[[188]](#endnote-188)
* **Trainings should have a broader focus than bullying and health risks**. Framing LGBTQ issues as “risk” issues not “equity” issues can mark students as “victims” or “problems” instead of valued members of their school culture.[[189]](#endnote-189),[[190]](#endnote-190),[[191]](#endnote-191),[[192]](#endnote-192) It’s important to portray positive aspects of LGBTQ identities as well.[[193]](#endnote-193),[[194]](#endnote-194)
* **More trainings are needed to build skills and elicit behavior change.** Longer, more frequent trainings may be needed to build skills that affect behavior change.[[195]](#endnote-195) One study correlates this to “the problem of enactment” where “teachers learn and espouse one idea, but continue enacting a different idea, out of habit.”[[196]](#endnote-196)
* **LGBTQ trainings should help school staff self-reflect.** A handful of researchers urge trainings to focus on participants own views of gender and sexuality — as well as their role in upholding systems of inequity towards LGBTQ and gender-nonconforming groups.[[197]](#endnote-197),[[198]](#endnote-198),[[199]](#endnote-199),[[200]](#endnote-200),[[201]](#endnote-201) More self-awareness of inclusivity by school personnel is strongly related to efforts to create a safer school.[[202]](#endnote-202)
* **Research highlights successful components of LGBTQ trainings.** These include videos or discussions with local students or staff who identify as LGBTQ, small group interactions and reflection, and experimental learning (e.g., using case studies, scenarios, or role play to practice responding to anti-LGBTQ behavior).[[203]](#endnote-203),[[204]](#endnote-204),[[205]](#endnote-205),[[206]](#endnote-206),[[207]](#endnote-207)
* **Customize trainings for specific audiences.** In order to have an impact on school environments, LGBTQ trainings must be accessible to all staff, including nurses, safety officers, and administrators. However, since these audiences have different roles and experiences, they should receive tailored trainings that acknowledge this.[[208]](#endnote-208),[[209]](#endnote-209)
* **Consider different types of training models.** A few authors illustrate the success of peer-to-peer models and online programs to help train school staff around LGBTQ topics and issues.[[210]](#endnote-210),[[211]](#endnote-211)

1. **Inclusive Sexual Health Education**

*See this subsection of the “Improving Health” report, below.*

### Picture 4Special Report on Family Acceptance in MassachusettsPicture 4

Promoting inclusivity and support in schools has been a main objective of the Commission since its founding. Addressing support and inclusion within families has been more challenging because while the data are clear that familial support is critical for LGBTQ youth to thrive, there have been fewer interventions and programs offered in Massachusetts that focus on family-based support.

The Commission defines family acceptance not just as the absence of rejection, but also as familial affirmation and engagement in youths’ social and emotional development within their authentic LGBTQ identities. Family engagement encapsulates a wide spectrum of possible dynamics, from family acceptance to affirmation, which have well-documented effects on the health of LGBTQ youth.[[212]](#endnote-212) Research demonstrates that family acceptance is a protective factor across many health outcomes and therefore must be promoted and supported,[[213]](#endnote-213) while family rejection has significant negative impacts that create lifelong elevated risks for adverse health outcomes.[[214]](#endnote-214) Accordingly, the Commission’s recommendations for family acceptance align with the goal of preventing family rejection.

A lot of lack of acceptance in families comes from [the families] being uneducated.”

*- South Shore PFLAG participant*

In Massachusetts, since gaining marriage equality, youth are coming out earlier than before. While this is a positive development for youth in accepting environments, others are exposed to bullying, insecurity, and rejection earlier in adolescence.[[215]](#endnote-215) Recognizing this paradoxical consequence of progressive policy, it is important to address bullying and discrimination that continues to disproportionately affect LGBTQ youth. In addition, more accepting cultural environments have led adolescents reporting LGBTQ+ identities to nearly double from 7.3% to 14.3% between 2009 and 2017, meaning that this vulnerable population is now more visible but still remains at risk for discrimination and suicidality.[[216]](#endnote-216)

“Last year at Pride, a youth came up to our table seeking resources on homelessness, because their parents were about to kick them out because of their sexuality. I would like to see more education for parents of LGBTQ+ youth to encourage understanding and acceptance of LGBTQ+ identities.”

*– Board Member, Bisexual Resource Center*

To learn more about family acceptance in Massachusetts, the Commission formed the Family Acceptance Task Force, a group of representatives from relevant governmental and non-governmental agencies and organizations who attended listening sessions around the state, performed a community needs assessment, and asked for policy recommendations which are summarized below.

**I. Literature Review**

***A. Harms Associated with Family Rejection***

Family rejection adversely impacts the physical, mental, emotional, and social health of LGBTQ+ youth. At baseline, this group experiences higher rates of negative self-image, substance use, depression, and suicidal ideation than their peers.[[217]](#endnote-217) Recent studies demonstrate that LGBTQ+ youth are more likely to suffer physical violence from their parents[[218]](#endnote-218) and that there is a great deal of psychological distress associated with parental rejection.[[219]](#endnote-219) As one study showed, parental behavior was sometimes modeled by siblings, especially younger siblings, straining the sibling relationships and furthering isolating LGBTQ+ youth.[[220]](#endnote-220)

“My mom ignored [my chosen name] for two and a half years…”

- South Shore AGLY participant

Research focused on foster care has found that many foster youth express intersectional identities and are sometimes brought into the foster system after rejection by their birth families following coming out. LGBTQ+ youth are overrepresented in the foster system, accounting for 15-30% of foster youth while comprising just 3-11% of the general population[[221]](#endnote-221), and they experience varying levels of caregiver acceptance.[[222]](#endnote-222) While they are 2.43x more likely to be involved in foster care, there is a lack of standardized training in caring for LGBTQ+ youth in the foster system, which leads 42% of LGBTQ+ youth to be removed from foster care homes due to issues with the youth’s identity.[[223]](#endnote-223) Coming out to foster caregivers is often difficult because of youths’ prior experiences with rejection, and some foster caregivers request alternate placement following LGBTQ+ identity disclosure. Repeated episodes of caregiver rejection put youth at risk for homelessness, dropping out of school, and practicing survival sex. Repeated instances of rejection act counter to family acceptance which promotes resilience, confidence, security, and emotional well-being. Up to 75% of youth engaging in survival sex were previously engaged in foster care.[[224]](#endnote-224) Long-term mental health sequelae of these adverse childhood experiences have led advocacy groups and researchers to develop trainings to better equip the foster system to care for this vulnerable population. Recommendations by Schofield et al. (2019) were to conduct assessments, training, and preparation to care for LGBTQ+ youth within the foster system, to connect caregivers to social workers adept in serving LGBTQ+ youth, and to thoroughly vet foster caregivers for their attitudes toward LGBTQ+ issues prior to enrolling them in the system.

The disproportionately high prevalence of LGBTQ+ youth among the homeless youth population is well-established and discussed in depth later in this report. Research demonstrates that there are strong links between family dynamics and homelessness in this population.[[225]](#endnote-225) In cases where youth do come out, the process of coming out often exacerbates previous underlying conflict and heightens the risk for housing instability.[[226]](#endnote-226)

***B. Benefits of Family Acceptance***

Developing family acceptance is equally as important as countering family rejection. Higher levels of family acceptance are associated with increased rates of self-esteem and social support, as well as decreased rates of substance abuse, suicidal thoughts, and lifetime suicidal attempts.[[227]](#endnote-227) While it is ideal to receive support from all members of the family (especially parents), it is not always possible. One study examined youth coming out to different family members and found that 25% of sexual minority youth first came out to a sister, 20% to a mother, 16% to a brother, and only 1 of the 56 participants had first come out to a father.[[228]](#endnote-228) One hundred percent of participants who had a sexual or gender minority sibling were out to that sibling.[[229]](#endnote-229)

“He became a role model for younger students. They call him Dad.”

*- LexPride participant on an exemplary teacher and advocate*

LGBTQ+ people often identify “chosen family” as a network of close friends who accept them and support them during and following rejection. Chosen families are protective against adverse mental health outcomes and form key safety net supports when LGBTQ individuals experience problems that their families would normally help them through, like disease or financial trouble (Newman, 2019). Other sources of support include school resources and groups like Gender and Sexuality Alliances relieve some of the rejection, bullying, and school-based harassment that LGBTQ+ youth face. Connectedness with a parent, teacher, or other trusted adult is a protective factor against depression, suicide, or substance use.[[230]](#endnote-230) When parental acceptance is not possible, the presence of a responsible and trusted adult figure can have many of the same effects.[[231]](#endnote-231) It was also seen that the support of a trusted adult had an even more powerful protective effect in these areas than support from a peer.[[232]](#endnote-232) For example, feeling connectedness with a teacher is associated with lower rates of tobacco and alcohol use.[[233]](#endnote-233)

Online resources were able to address identity-specific social needs and helped youth feel more connected with their communities, especially in settings with limited offline LGBTQ resources. Youth sought health information, mental health services, and sexual health advice online.[[234]](#endnote-234) This demonstrates that developing reputable information through the Massachusetts government’s website along with appropriate terminology and visual cues (e.g. rainbows) would signify safety and advocacy.

***C. Special Considerations for Transgender Youth***

Most of the literature surrounding LGBTQ youth and family dynamics focuses on sexual minority youth, with relatively less focus on gender diverse youth. While it is true that the likelihood of acceptance did not vary based on sexual minority or gender minority identity,[[235]](#endnote-235) transgender youth and their families have unique concerns compared to their sexual minority peers and therefore require specific attention specific to their needs.[[236]](#endnote-236) There are groups in Boston, like the Trans Teen and Family Narratives Project at Boston Children’s Hospital, doing important community-based participatory research with transgender teens throughout New England, and consultation with this group and/or reviews of their ongoing contributions to the literature will directly inform this community’s needs in Massachusetts.[[237]](#endnote-237)

As with sexual minority youth, family acceptance of transgender youth has clear benefits, especially for mental health.[[238]](#endnote-238) Parental support is associated with lower rates of psychological stress, and suicidal thoughts,[[239]](#endnote-239) and transgender youth who receive support from their parents also have a lower perceived burden of transgender identity, fewer depressive symptoms, and increased life satisfaction.[[240]](#endnote-240) It is important to recognize that gender diverse identities affect all family members in our present sociopolitical context, meaning that supportive programs for transgender youth may have positive ripple effects for families. In the best cases, adequate support for families promotes improved interpersonal relationships and focus on affirming gender diverse identities; in worst case scenarios, gender diversity becomes a divisive stressor.[[241]](#endnote-241) To avoid isolation and rejection, programs enabling social connection, as well as linkage to appropriate professional support through an online database of transgender friendly mental health and health providers, are needed.

Most interventions to promote family acceptance were piloted on a small scale, but there were a number of studies that examined group therapy specifically for parents and families with transgender youth. As part of the group process, parent peers provided insight and emotional support to one another, and parents reported positive associations with having a space to express fears and concerns with other parents who had similar experiences.[[242]](#endnote-242) For example, one parent discussed how her parent support group gave her space to express her emotions so that her child would not see her experiencing as much distress at home.[[243]](#endnote-243)

“We lost family, and the support groups have become our family – we spend holidays together now.”

*⏤ Northampton PFLAG participant*

***D. Increasing Family Acceptance in Massachusetts***

Building parents’ capacity to communicate with each other and their LGBTQ youth is vital. Although parents often report an initial period of sexual orientation or gender identity rejection when their children come out, research demonstrates a consistent theme of parental desire for family communication.[[244]](#endnote-244) Parents stated that their greatest barrier to communication with their children was a lack of knowledge around LGBTQ issues.[[245]](#endnote-245) Educating families and peers through public school programs, such as sexual orientation and gender identity inclusive curricula, could be a starting point to improving communication and education relevant for family acceptance of LGBTQ youth.

Most interventions and proposals focus on themes of connectedness, safety, and resilience. Group therapy seems to be beneficial for parents in terms of communication skill development[[246]](#endnote-246) and expanded knowledge base of LGBTQ youth issues.[[247]](#endnote-247) Appropriately trained social workers are also avenues of support, linking families to education and resources during the critical coming out process.[[248]](#endnote-248) While the parental role cannot be underestimated, there are untapped resources in other trusted adult and extended family relationships, such as with aunts, siblings, teachers, mentors, and coaches.[[249]](#endnote-249)

Finally, the literature on family engagement offers little information that directly addresses the needs of LGBTQ youth of color, and this is one of the greatest gaps in our knowledge.[[250]](#endnote-250) One study determined that LGBTQ youth of color tended to have fewer culturally-responsive spaces compared to their white peers.[[251]](#endnote-251) Support is needed for research efforts that better represent the needs of LGBTQ youth of color and their families.

Because family acceptance is critical to the well-being of LGBTQ youth, the Commission developed the Family Acceptance Task Force in 2018. In December 2018 and February 2019, the Commission held two meetings for stakeholders from various government agencies and LGBTQ youth supportive organizations. This group has met to discuss the role of family acceptance in the lives of LGBTQ youth, and how the Commission can form recommendations to support the health and well-being of LGBTQ youth in Massachusetts. The Task Force engages in listening sessions with LGBTQ youth and their families throughout Massachusetts in order to develop formal recommendations for policy changes that promote family acceptance. The first iteration of recommendations is described below.

### Picture 4II. Family Acceptance Task Force Findings

For the first time, the Commission presents this section summarizing in-person listening session findings to better document the needs reported by LGBTQ youth and their families regarding acceptance and support. We hope that this section will function as a conduit for this population’s voice to be heard by state representatives both now and in future iterations of the Commission’s recommendations.

The Commission approached organizations catering to LGBTQ youth and their families throughout the Commonwealth of Massachusetts. Interviews were held with eight different organizations serving LGBTQ youth and families in Massachusetts between November 2019 and March 2020. The groups consisted of parents, youth, and sometimes both, including:

1. Massachusetts Gender and Sexuality Alliance (GSA) Leadership Council: A Boston-based group that creates and informs policy, supports leadership development, promotes inclusive learning environments for all students, and convenes local GSA chapters for networking and collaboration.
2. South Shore Parents, Families, and Friends of Lesbians and Gays (PFLAG): A support/advocacy group for parents of LGBTQ+ youth based in Duxbury, MA.
3. South Shore Alliance of GLBT Youth (SShAGLY): A support/advocacy group for LGBTQ+ youth based in Duxbury, MA.
4. Northampton Parents, Families, and Friends of Lesbians and Gays (PFLAG): A support/advocacy group for parents of LGBTQ+ youth based in Northampton, MA.
5. LexPride: A group whose mission is to “develop community and advance full equality for LGBTQIA+ people and their families and allies,” based in Lexington, MA.
6. Boston GLBTQ Adolescent Social Services (GLASS): This group provides supportive services to LGBTQ+ youth of color in the Boston metropolitan area and Framingham, MA. Boston GLASS also provides educational resources to health providers and community organizations.
7. The Boston Alliance of Lesbian Gay Bisexual Transgender Queer Youth (BAGLY): A youth-led, adult-supported organization “committed to social justice and creating, sustaining, and advocating for programs, policies, and services” for LGBTQ+ youth in Boston, MA.
8. Florida State University (FSU) Institute for Family Violence Studies – LGBTQ+ Family Life Project: A research and advocacy group that researches ways to limit adverse childhood events (ACEs) and educates juvenile justice officers and first responders about LGBTQ+ youths’ needs.

Recognizing that the data comes from a vulnerable population, extra care was taken to ensure confidentiality. Quotes with identifying information are not used in this report, but do contribute to aggregated results. Group interviews were semi-structured and conversational, based off of a pre-written list of questions.

Common themes were identified across all listening sessions involving LGBTQ youth and/or parents. All of the themes fit into the family acceptance “ecosystem,” are centered on needs and recommendations to promote safety and support for adolescents during the coming out process, and together will provide the best possible chance for family acceptance. The themes highlighted in the needs assessment and recommendations include the following divisions: 1) families, 2) schools, and 3) community.

## **III. Needs Assessment and Recommendations**

## Picture 5

## *A. Family Recommendations*

The needs assessment for family acceptance and support for LGBTQ youth starts at the family level. Youth, in particular, expressed a need for model safety plans and housing alternatives in case of rejection. Despite the increased societal acceptance of LGBTQ populations, some youth face neglect, rejection, abuse, and homelessness during and after coming out. Resources and shelters should be readily accessible for at-risk youth intending to come out.

The parents who attended listening sessions spoke for youth with various gender identities, sexual orientations, and stages of coming out. Because of this, they said that education campaigns about LGBTQ youth and resources should be available to all parents through public schools. They posited that standardized education on these topics would reduce LGBTQ+ youths’ rate of adverse childhood experiences and damaging behaviors like misnaming and misgendering.

Families who attended PFLAG meetings described them as essential sources of support, as the coming out process for their children also involves a family-level coming out experience. Hearing about other parents’ reactions, both positive and negative, enhanced parents’ support for their own children. Parents described their willingness to advocate for their children but also expressed that it can be confusing and draining, especially during periods of gender exploration and fluid identity. Thus, increased funding opportunities for PFLAG groups and networking activities would be beneficial for families undergoing similar experiences to support and learn from each other.

“It was very helpful to talk to other parents who had gone through it – that was a real support to me… All I kept hearing is that if they don’t have family support, the suicide rate is so high – that terrified me.”

*- South Shore PFLAG participant*

Policy recommendations for the state to directly support families of LGBTQ youth converge around financing opportunities for advocacy and support groups in addition to education campaigns. Financially, parents and youth recommend a larger sum of state money set aside for LGBTQ programming and grants for support groups like PFLAG, BAGLY, and public school GSAs. While the Commission serves to liaise between the state government and LGBTQ youth and families, town halls and direct interactions between government officials and LGBTQ families would further demonstrate the commitment to serving this marginalized group.

***B. School Recommendations***

“Create an environment where students and teachers can talk to each other.”

*- Massachusetts Gender and Sexuality Alliance Leadership Council participant*

Parents and youth extolled the importance of having advocates outside of the family, and these advocates were overwhelmingly teachers who “are really educated” in LGBTQ issues, as well as school nurses, counselors, and administrators. School employees who referred students to external support groups (for example, BAGLY) and served as mentors for school GSAs enabled students to feel a sense of community and peer support. Both parents and students advocated for GSAs in all public schools and referrals for additional external support organizations like BAGLY elsewhere in the state. One participant said that without a GSA chapter at her school, she “felt very disconnected.” Another student who came out at a young age said, “My option at that time was to wait until high school.” LGBTQ youth recommend that public schools begin offering GSA programming as early as middle school, a time when bullying is particularly prominent and gender identities are being explored. In addition to GSA groups, the Safe Schools program should be offered as an opt-out rather than opt-in, as its curriculum benefits all students. A third programming option that students hope the state will promote in public schools is the concept of “leadership tracks,” where LGBTQ students are encouraged to engage in student government and leadership positions. Such programming would likely provide faculty mentorship as well as older student partnerships, similar to Big Brothers Big Sisters programs at some schools.

“I’m a retired teacher… parents ask you everything when you’re a teacher… so if you have something you can give to parents, that would be helpful.”

- *South Shore PFLAG participant*

“Kids in the school, after finding out [I’m trans], are starting to really get to me…The teachers tell them and remind them, but they don’t listen and they don’t care.”

- *South Shore AGLY participant on being misgendered at school*

The Safe Schools Program was cited as a tremendous support to LGBTQ youth that should be expanded. That program networks role model teachers and guidance counselors who act as charismatic mentors for students. One parent said that it would be “life changing” to have openly LGBTQ-identified educators in schools, and she hoped that schools would be supportive of teachers’ decisions to come out through enhanced recruitment and efforts at retention.

Interviewees expressed a desire for Massachusetts public schools to provide trainings and resources to educators interested in serving the LGBTQ population and to allow symbols of support, like rainbow flags and stickers, to be displayed publicly to denote safe spaces. Overt symbols of support were said to “make a ton of difference” in the everyday lives of not just LGBTQ students, but all students.

Finally, students and parents outside of the Boston area explained that resources, opportunities, and facilities are not standardized throughout Massachusetts. Anti-bullying campaigns, gender-neutral facilities, pronoun trainings, and the Safe Schools program need to be implemented everywhere in the state so that all LGBTQ students and families can expect similar levels of support and safety in the MA public school system. School employees should also undergo bystander training to prepare them to address bullying when observed.

One student said, “a lot of LGBTQ+ history gets censored.” Another echoed, “even the Pulse Nightclub shooting is overlooked sometimes. When you think of [gun violence] in America, you don’t think of the Pulse Nightclub and it was one of the worst mass shootings ever.” The state board of education should review its curricula to ensure inclusion of age-appropriate LGBTQ topics, for example: covering the HIV pandemic in science and health courses, discussing the Pulse Nightclub shooting in history classes, and enrolling students in opt-out comprehensive sex education that covers gender diversity, sexual orientation, and prepares students to lead healthy sexual lives without holding them to unrealistic abstinence-only standards.

Lastly, students need gender-neutral facilities and single occupancy bathrooms in schools. Some students at the listening sessions described going to school nurses’ private bathrooms to avoid gender dysphoria and/or bullying. Every public school in Massachusetts should have gender-neutral facilities, and such facilities should be standardized throughout the state.

***C. Community***

Interviewees in several listening sessions described police and other first responders as part of a “bastion of homophobia,” meaning that they lack training in how to appropriately deal with LGBTQ individuals in emergency settings. Participants described paramedics misgendering transgender youth and inciting gender dysphoria. Youth and parents both asked for community-level LGBTQ awareness trainings, especially for public servants and first responders. The public education campaign would ideally reach other parents and youth as well, leading to increased family and community knowledge about LGBTQ youth, and overall acceptance.

“Public safety – police, firefighters, EMT, 911 – the first thing they want to know is ‘male or female.’ The average cop on the beat… doesn’t have much exposure.”

*– Northampton PFLAG participant on first responder training*

Multiple participants expressed a specific need for publicly funded grassroots support groups, especially those that can help parents navigate the sometimes overwhelming process of their youth coming out and potentially needing medical or mental health care (for example, enrollment in hormonal affirmation therapy). Support is even more important for underrepresented groups in the LGBTQ population, such as those with intersectional identities who suffer systemic racism in addition to homophobia and/or transphobia. Within the milieu of support groups, communities should also develop databases of appropriate resources, therapists, health providers, and more to ensure that families and youth are linked with appropriate services.

In addition to maintaining an online database of facilities, the state should maintain, in partnership with the Commission, an online database of funding sources, public health services, and other supports specific to the LGBTQ community. Emphasis should be placed on supporting LGBTQ youth in rural areas and youth at risk for homelessness (for example, by providing LGBTQ aware temporary youth housing). Finally, emergency funding for LGBTQ youth suddenly facing homelessness or abuse should be available and advertised online. Survival sex occurs in Massachusetts, especially among homeless LGBTQ populations, and these youth deserve a better safety net option from the state.

“Many of us have been concerned about our kids’ personal safety. Some of our kids pass a little more, some of them don’t… Is there a hotline for trans kids? Is there a way they can go online and do something through social media? A lot of therapists are booked. They just need someone to talk to.”

- *Northampton PFLAG participant*

# image1.jpgEnding Homelessness

LGBTQ youth, particularly LGBTQ youth of color, are disproportionately represented among youth experiencing homelessness. Numerous factors, including family rejection, poverty, discrimination, and racism lead to this overrepresentation in homelessness and housing instability. The Commission has increased its focus on and commitment to ending youth homelessness over the last several years. In addition to working directly with executive agencies that work in this space, such as the Department of Housing and Community Development, the Commission has worked in coalition with numerous advocacy groups to further policies and legislation around ending youth homelessness and protecting people experiencing homelessness. Recently, the Commission has partnered with the Massachusetts Coalition for the Homeless to help carry out the Massachusetts Youth Count as well as numerous governmental and non-governmental entities in developing a Massachusetts State Plan to End Youth Homelessness.

### Picture 5Recommendations to the Governor and Legislature on Homelessness

1. Improve access to state IDs for youth experiencing homelessness and gender-nonconforming youth.

Proper identification is needed for youth to access services, housing, and employment. LGBTQ youth in general are more likely to face housing instability and discrimination in accessing services, and access to proper ID is especially important for transgender and nonbinary youth, youth experiencing homelessness, and undocumented youth. A national survey of transgender individuals found that 68% did not have any identifying documents that had their preferred name or gender marker. The Commission commends the RMV for making it possible to change gender markers on an ID without need of documentation to validate such a change, and for the launch of a nonbinary “X” gender marker option on all state license and ID cards. The Commission was also glad to see the State Senate pass An Act Relative to Gender Identity on Massachusetts Identification (S. 2213), which would expand nonbinary gender markers to birth certificates, allow individuals to change their gender marker without a doctor’s note, and empower the Attorney General to expand nonbinary markers in other state records systems. Nevertheless, barriers remain for LGBTQ youth - especially those experiencing homelessness - to get an ID at all, due to prohibitive costs and documentation requirements that are hard to meet for youth facing familial rejection. Policies such as that proposed in An Act to Provide Identification to Homeless Youth and Families (H. 3066 / S. 2555), which seeks to make access to IDs less costly and onerous for youth experiencing homelessness, would improve access to IDs in general and thus for the LGBTQ youth who are most likely to need such documentation to avoid discrimination and access services. Lastly, the Commission recommends that the legislature pass An Act Relative to Work and Family Mobility (H. 3012 / S. 2061), which would allow undocumented immigrants to acquire driver’s licenses and state IDs.

2. Increase services for youth at risk for or experiencing homelessness.

Funding is imperative to address homelessness among youth and young adults, specifically the line items for unaccompanied homeless youth services (4000-0007), which was increased to $5 million in the FY 2020 budget; the Residential Assistance for Families in Transition homelessness prevention program (7004-9316), which the Commission urges increased funding for in FY 2021; and funding for LGBTQ young adults in the state’s Housing First Initiative (7004-0104). The Commission also recommends funding at or above previous levels the budget line item for Youth At Risk Grants (YARG), which support safety net programs that can both prevent and aid in responding to homelessness. The Commission also encourages funding programs that address homelessness in novel and diverse ways, such as job readiness initiatives.

“There needs to be even more resources for homeless youth, especially ages 18-21 who are no longer part of the “system” but still need assistance. Especially shelters for trans people where they can feel safe expressing their gender how they express it.”

*– Youth, Southeast Massachusetts*

3. Create a bill of rights for people experiencing homelessness.

LGBTQ youth are already more likely than others to face discrimination in their daily lives, and are also more likely to experience homelessness, a status that greatly increases the risk of facing bias and discrimination. The Commission recommends the creation of an explicit bill of rights for people experiencing homelessness that reflects common concerns raised by this population. It should include the rights to move freely while in public spaces, to be treated equitably by government agencies, to receive care in emergencies, and others such as those proposed in An Act Providing a Bill of Rights for People Experiencing Homelessness (H. 1314 / S. 816). Further, the bill of rights should affirm the rights to eat, rest, and be in public spaces, as well as include housing status in the Commonwealth’s anti-discrimination laws, as proposed in An Act Relative to the Safety, Dignity, and Civil Rights of Persons Experiencing Homelessness (H. 150 / S. 76), the companion bills to H. 1314 / S. 816.

4. Increase LGBTQ participation as youth ambassadors and respondents to the Youth Count.

The Youth Count is a critical source of data on LGBTQ and other youth who are experiencing homelessness or who are at risk for becoming homeless. This valuable collaboration between state and nonprofit entities, and the data it generates, can be strengthened through additional funding and participation. The Commission recommends that in particular the youth ambassador program is more consistently funded and that local administrators of the survey are given guidance on conducting outreach that is inclusive of LGBTQ youth and youth of color. The Commission itself has funded more LGBTQ youth of color to serve as ambassadors and thus increase the diversity of survey respondents, and encourages an expansion of such efforts. Equally important to supporting the execution of the survey is to ensure that analysis is conducted, published, and utilized, and that such analysis examines intersectional identities.

5. Implement policies to prevent families and individuals from experiencing homelessness.

The Commission supports initiatives on issues that, while not explicitly related to LGBTQ youth, nevertheless disproportionately affect LGBTQ youth at risk of or actually experiencing homelessness. Such initiatives being considered in the current legislative session include: (1) Protecting children at imminent risk or experiencing homelessness by delaying a household’s eviction from subsidized housing or termination from a publicly-funded shelter until safe, alternative housing or shelter is found, as proposed in An Act to End Child Homelessness (H. 160); (2) Protect families experiencing homelessness from having to sleep in unsafe places, as proposed in An Act to Protect Families Experiencing Homelessness from Having to Sleep in Unsafe Places (H. 1265); (3) Ensure a right to counsel for eviction proceedings, as proposed in An Act to Ensure Right to Counsel in Eviction Proceedings (S. 913); (4) Restore the Rent Arrearage Assistance Program, which would allow access to resources before a household begins the eviction process, as proposed in An Act to Further Provide a Rental Arrearage Program (H. 1264); (5) Improve the Massachusetts Rental Voucher Program (MVRP), as proposed in An Act Codifying the Massachusetts Rental Voucher Program (H. 1305 / S. 797); (6) Provide school transportation to children experiencing homelessness, as proposed in An Act Providing School Transportation to Homeless Children (S. 344); (7) Protect tenants from the stigma of permanent eviction records but making it easier to seal eviction records, as proposed in An Act Promoting Housing Opportunity and Mobility through Eviction Sealing (H. 3566 / S. 824); (8) Protect tenants from unjust no fault evictions by implementing just cause eviction, as proposed in An Act Enabling Local Options for Tenant Protections (H. 3924); and (9) Address gentrification, an issue which disproportionately impacts people of color and which makes it difficult for LGBTQ youth to obtain and maintain stable housing.

6. Promote best and promising practices for serving LGBTQ youth with providers of services for youth at risk for or experiencing homelessness.

The Commonwealth provides or funds many services for youth who are at risk for or are currently experiencing homelessness. Too often, the Commission hears that some of these services are not LGBTQ-affirming, or that providers are simply not knowledgeable enough about issues facing LGBTQ youth. For example, youth frequently complain that providers are focused exclusively on family reunification, which is not always possible, and is rarely easy, for youth facing rejection relating to their LGBTQ identity. The Commission recommends that the Commonwealth use a variety of means (such as trainings, e-learning opportunities, contractual requirements, legislation, etc.) to increase the utilization of best and promising practices for serving LGBTQ youth among providers who serve those experiencing or at risk for homelessness. The Commission’s recommendations for providers, that immediately follow herein, could serve as a useful starting point in advancing this work.

“I'm a clinical social worker and therapist who has worked with LGBTQ youth, and my clients have shared concerns about lack of housing resources for youth experiencing housing instability, as well as a need for more programming and social services specific to LGBTQ youth of color. Youth on Fire and Boston GLASS are two amazing resources in the Boston area, but we definitely need more”

*– Provider, Greater Boston Area*

### Picture 75Understanding LGBTQ Youth Homelessness

In 2017, the MYRBS found that LGBTQ students in Massachusetts were 2.8 times more likely to experience homelessness than were their non-LGBTQ peers, as described in the data report above. This is consistent with other youth-based studies,[[252]](#endnote-252) including the 2019 Massachusetts Youth Count, which surveyed 1,975 youth or young adults who are unstably housed or experiencing homelessness and found that 24.7% of respondents identified as LGBTQ.[[253]](#endnote-253) Homelessness is particularly damaging to LGBTQ youth of color, with one study finding that among LGBTQ youth experiencing homelessness, 31% were Black, 14% were Latinx, 1% were Native American, and 1% were Asian or Pacific Islander,[[254]](#endnote-254) and these disparities can also be seen in the 2020 Youth Count. Given these stark disparities, the Commission has been grateful to partner with the coalition of governmental and non-governmental entities who have developed a Massachusetts State Plan to End Youth Homelessness.[[255]](#endnote-255) The plan envisions a system “in which every community in the Commonwealth has coordinated, developmentally appropriate, and trauma-informed resources that are effective, regionally accessible, and reliably funded.”[[256]](#endnote-256)

### Factors Resulting in Housing Instability

LGBTQ youth often find themselves at the intersection of discrimination, poverty, and racism that creates a perfect storm for increasing the risk of housing instability and homelessness. According to a national survey in 2012, the top reasons LGBTQ youth cite for becoming homeless are familial rejection or abuse, mistreatment at school, and aging out of foster care.[[257]](#endnote-257) In Massachusetts, according to the 2019 Massachusetts Youth Count, the top reasons for all unaccompanied homeless youth (LGBTQ and non-LGBTQ) not living with their parent or guardian were (1) fighting with their parent or guardian (33%); (2) being told to leave by their parent or guardian (30%); (3) choosing to leave on their own (26%) and (4) being abused or neglected by their parent or guardian (17%).[[258]](#endnote-258) Unaccompanied homeless youth who identified as LGBTQ were more likely than other non-LGBTQ respondents to report abuse and neglect, parental substance use, foster care, and their own drug use as reasons for not living with their parent or guardian.[[259]](#endnote-259) It is important to acknowledge the resilience and courage shown by the 26% of youth who choose to leave their homes. Research indicates that many LGBTQ youth choose to leave their homes and become homeless for their own wellbeing, as remaining in their home or placement may have had an even worse impact on their physical or mental health.[[260]](#endnote-260)

Research consistently shows that the leading cause of homelessness among LGBTQ youth is familial rejection. Approximately 90% of transgender youth experiencing homelessness report being rejected by their family, and 62% of homeless LGB youth report being bullied and rejected at home compared to 30% non-LGB youth.[[261]](#endnote-261) Of these, 43% report being forced out of home by their family despite wanting to remain.[[262]](#endnote-262) Of note, while LGBTQ youth initiate alcohol and drug use at an earlier age than their non-LGB peers, most do not start using until after becoming homeless.[[263]](#endnote-263) Substance abuse may be a way of coping with the stress of homelessness in adolescence rather than the primary reason that LGBTQ youth are kicked out of their homes.[[264]](#endnote-264)

Many of the reasons LGBTQ youth face this rejection relate to moral values that stigmatize their identities as deviant and immoral. Families may also fear that identifying as LGBTQ might cause their children undue hardship throughout their lives, or may feel that they are “losing” the child they knew prior to their coming out. Some families may hope that rejection could somehow sway their LGBTQ child to reconsider their “choice.”[[265]](#endnote-265) Unfortunately, while conflict with family is a primary reason for homelessness among LGBTQ youth, family issues are only addressed by 60% of agencies in the United States that provide services for homeless LGBTQ youth.[[266]](#endnote-266)

LGBTQ youth experiencing homelessness are more likely to have been physically, emotionally, or sexually abused than their non-LGBTQ peers.[[267]](#endnote-267) Among homeless LGBTQ youth, 32% have been physically, emotionally, or sexually abused at home prior to becoming homeless, and more than half identify a family member as the abuser.[[268]](#endnote-268) As a result, nearly half of homeless LGBTQ youth report running away from negative home environments as their primary reason for homelessness.[[269]](#endnote-269) Compared to non-LGBTQ homeless youth, homeless LGBTQ youth are twice as likely to have been sexually abused by the age of 12 and twice as likely to report sexual abuse as their reason for leaving home.[[270]](#endnote-270)

Many homeless LGBTQ youth do not “come out” until after they have left home, indicating that running away might be one way of coping with the stress of processing their sexual and gender identities. At a developmental age in which young people need parental and peer support, fear of rejection and abuse may play a contributing role in an LGBTQ young person’s decision to run away from home.

Second, in addition to experiencing rejection and abuse at home, a majority of LGBTQ youth report bullying and harassment at school as reasons for skipping school, another pathway to homelessness. 86% of LGBTQ youth have been verbally harassed at school and 60% do not feel safe in school, leading LGBTQ youth to be twice as likely to drop out of school as their non-LGBTQ peers.[[271]](#endnote-271) Youth who do not complete high school have a 346% higher risk of homelessness regardless of sexual orientation or gender identity, so unsafe school environments may contribute to increased homelessness among LGBTQ youth.[[272]](#endnote-272)

Another leading cause of homelessness among LGBTQ youth is exiting or aging out of foster care. Instability and rejection at home cause a disproportionate number of LGBTQ youth to end up in foster care, with an LA County study finding that nearly 20% of youth in foster care were LGBTQ, with youth of color overrepresented among them.[[273]](#endnote-273) Many LGBTQ youth face adverse experiences leading to homelessness while in foster care, with a New York study finding more than half (56%) of LGB adolescents in the city’s foster homes had stayed in the streets for at least one night because they felt unsafe in their foster home.[[274]](#endnote-274) After emancipation, between 12% and 36% of LGBTQ youth who age out of foster care experience at least one episode of homelessness.[[275]](#endnote-275)

In addition to these leading factors, LGBTQ youth are also susceptible to other common causes of homelessness, which often begins in the context of family homelessness or after the death of a parent.[[276]](#endnote-276) Involvement in the criminal justice system and personal or parental substance use are also common causes of homelessness[[277]](#endnote-277) and are factors that disproportionately impact LGBTQ youth.

### Experiences While Homeless

LGBTQ homeless youth in Massachusetts experience significant discrimination and trauma both on the streets and even in the structures meant to keep them safe. The 2019 Massachusetts Youth Count found that LGBTQ identified youth were more likely to have slept in a car or outside the night before, and those who did not identify as LGBTQ were much more likely to have stayed in a shelter. LGBTQ youth frequently cited not feeling safe as a barrier to receiving services than non-LGBTQ identifying youth.[[278]](#endnote-278),[[279]](#endnote-279) A major national study recently found that LGBTQ youth experiencing homelessness faced over twice the rate of early death compared to other homeless youth, and that they also faced higher rates of trauma and overall adversity.[[280]](#endnote-280) An understanding of these experiences is essential in developing systems that do not further traumatize LGBTQ youth.

First, LGBTQ youth who are homeless experience higher rates of survival sex (in which sex is traded for money, food, or shelter) and sexual abuse than their non-LGBTQ peers.[[281]](#endnote-281) According to one estimate, 44% of gay youth experiencing homelessness exchanged sex for money compared to 26% of heterosexual youth who were approached by someone on the streets to exchange sex for money, food, or shelter.[[282]](#endnote-282) Another study showed that LGB youth experiencing homelessness are 70% more likely than their non-LGB peers to engage in survival sex.[[283]](#endnote-283) In Massachusetts specifically, the Youth Count found that 34.5% of LGBTQ youth reported engaging in survival sex, and LGBTQ youth were 4 times more likely to engage in survival sex than homeless youth who did not identify as LGBTQ. [[284]](#endnote-284) Homeless LGBTQ youth experience, on average, 7.4 more acts of sexual violence than their non-LGBTQ peers.[[285]](#endnote-285) While sexual minority women and transgender women experiencing homelessness more frequently face intimate partner abuse, sexual minority men and transgender men are more likely to report violence committed by a stranger, underscoring that the experiences and needs of these youth vary and require a range of interventions.[[286]](#endnote-286)

LGBTQ youth experiencing homelessness are also more likely to be living with HIV, experiencing three times the rate of HIV compared to non-LGBTQ homeless peers.[[287]](#endnote-287) Several factors may increase their risk. For example, on average, sexual minority and transgender young men experiencing homelessness have their first sexual encounter one year earlier, a greater number of lifetime sexual partners, a higher likelihood of sexual assault, and a higher rate of unprotected sex with female partners than their non-homeless peers.[[288]](#endnote-288) Another study showed that LGBTQ youth experiencing homelessness were more likely than their non-LGBTQ peers to engage in sexual behaviors that heightened their risk of HIV infection, such as having sex with strangers who used IV drugs, having unprotected sex with strangers, having anal sex with strangers, and having sex with strangers after using drugs themselves.[[289]](#endnote-289) Among LGBTQ youth, homelessness is a consistent independent risk factor for drug use and sexual behavior that increases the likelihood of transmission of sexually-transmitted infections (STIs).[[290]](#endnote-290)

Beyond sexual health, homelessness and LGBTQ status independently compound the risk of substance use and poor mental health.[[291]](#endnote-291) LGBTQ youth experiencing homelessness are twice as likely to have attempted suicide (62% vs. 29%) and 155% more likely to have abused drugs (42% vs. 27%) than their non-LGBTQ peers.[[292]](#endnote-292) LGBTQ homeless youth also use cocaine, methamphetamines, and crack at higher rates than their non-LGBTQ peers.[[293]](#endnote-293) 29% of homeless LGBTQ youth report having substance use disorder.[[294]](#endnote-294) In general, LGBTQ youth experiencing homelessness are at higher risk of poor mental health than their non-LGBTQ peers, experiencing higher rates of suicidal ideation (73% vs. 53.2%), at least one suicide attempt (57.1% vs. 33.7%), PTSD (47.6% vs. 33.4%), and current episodes of major depression (41.3% vs. 28.5%).[[295]](#endnote-295)

Finally, transgender youth experiencing homelessness have been found to face even more severe discrimination and trauma than LGBQ youth experiencing homelessness.[[296]](#endnote-296) For this population, homelessness likely exacerbates the significant discrimination and lack of understanding that transgender people already face in schools, workplaces, housing, and healthcare facilities.[[297]](#endnote-297) Many transgender youth also experience complications from unmonitored use of transition hormones obtained on the streets.[[298]](#endnote-298)

“We need housing for LGBTQ youth - safe, accessible, and linked to wraparound supports that connect them to behavioral health, family (including by choice), physical health, educational support, etc. Safe housing for LGBTQ youth and young adults. They can't begin to worry about anything else if they can't sleep at night.”

*– Youth Worker and LGBTQ Adult, Central MA*

National studies also indicate that nearly half of LGBTQ clients of service agencies for homeless youth lack proper identification cards, which poses a significant barrier to this population.[[299]](#endnote-299) LGBTQ youth may face disproportionate barriers to access as many are separated from their families over conflicts related to their LGBTQ identities. Without proper government-issued IDs, LGBTQ youth experiencing homelessness are unable to open bank accounts, enroll in school, access housing, or become employed. They are also at higher risk of adverse encounters with law enforcement.[[300]](#endnote-300) The cost of identification cards, cosign and proof of address requirements, and other recent modifications to make Massachusetts ID policy compliant with the federal REAL ID Act may make it difficult for low-income LGBTQ youth who are homeless to get the ID cards they need to access opportunities.[[301]](#endnote-301)

### C. Services for Those Experiencing Homelessness

The needs reported by LGBTQ youth experiencing homelessness represent both general needs shared by all youth and some specific needs that are intertwined with their LGBTQ identities and related discrimination. According to one study, LGBQ youth report housing, employment, education, and acceptance of their LGBQ status as primary needs, while transgender youth express need of housing, employment, education, and transition support.[[302]](#endnote-302)

The services required by LGBTQ youth experiencing homelessness are in short supply due to a lack of funding, which may reflect a lack of funding specifically for LGBTQ-focused programs as well as a lack of appropriate funding for homelessness services in general. A national survey found that 65% of service providers reported lack of funding as the single greatest barrier to serving homeless LGBTQ youth.[[303]](#endnote-303) This was a particular barrier in Massachusetts during Fiscal Year 2018, as community groups reported that by the midway point in the year, none of the $675,000 authorized by the legislature (which was already a sharp decrease from the $2 million recommended by the Governor) had actually been released for spending.[[304]](#endnote-304)

For the services that do exist, there are some signs that competency to serve LGBTQ youth may have improved in recent years. A 2015 nationally representative survey showed that more than 90% of service providers for homeless youth self-reported feeling “somewhat” or “very confident” in caring for LGBTQ youth.[[305]](#endnote-305) Many agencies associated their perceived success at working with LGBTQ youth with having completed training and having LGBTQ-identified staff and board members. In total, 85% of facilities reported adequate LGBTQ competency training, 90% had LGBQ staff member(s), 47% had transgender staff member(s), 61% had LGBQ board member(s), and 22% had transgender board member(s).[[306]](#endnote-306) However, a separate national survey of service providers demonstrated that 25% of respondents experienced inadequate training as a barrier to serving LGBTQ youth.[[307]](#endnote-307) Many LGBTQ youth experiencing homelessness nationally report being turned away from shelters and other housing due to their LGBTQ identity, and those who receive placement often report adverse experiences while there.[[308]](#endnote-308)

“A former employee of mine identifies as GNC and trans. They were looking for ways to get out of their unhealthy home environment and services seemed to diminish substantially once they turned 18. I wanted to get them into the Home for Little Wanderers or another org, but they had “aged out” essentially.”

*– LGBTQ adult, Greater Boston area*

### Picture 75Progress In Massachusetts Towards Ending Homelessness

Over the last few years, the Baker Administration and several municipalities have developed plans and initiatives to end youth homelessness.

The Baker administration released the *Massachusetts State Plan to End Youth Homelessness* in 2018.[[309]](#endnote-309) The state plan draws on the *Federal Framework to End Youth Homelessness* as well as insights and recommendations from the local, state, and federal levels.[[310]](#endnote-310) The state plan includes six primary recommendations, including (1) implement a coordinated statewide response to youth homelessness; (2) expand the spectrum of housing models and services; (3) expand early identification and outreach to connect youth with existing resources; (4) improve education and employment to support youth people’s access to long-term employment; (5) establish systemic outcome measurement systems and data-sharing; and (6) create a structure to support youth and young adult involvement.[[311]](#endnote-311) The plan further acknowledges the disparities that LGBTQ youth and young adults (YYA) face with respect to housing instability and homelessness and includes several best practices to address these disparities.[[312]](#endnote-312) These include culturally responsive programming; housing placement based on gender identity rather than biological sex; education on the difference between sexual orientation, biological sex, gender identity, and gender expression; and several others.[[313]](#endnote-313)

Boston’s plan, *Rising to the Challenge*, was officially unveiled in November 2019 following a $5 million grant from the federal Office of Housing and Urban Development (HUD) in 2018. The city estimates that approximately 360 unaccompanied youth and young adults (YYA) under age 24 are experiencing homelessness in Boston.[[314]](#endnote-314) While the city’s plan recognizes that Boston needs about 285 new beds to house all of the YYA who need housing, the city’s plan only announces approximately 160 new units.[[315]](#endnote-315)

Importantly, the Boston plan acknowledges the disparities that LGBTQ youth and youth of color face with respect to housing instability, noting that 50% of YYA experiencing homelessness in Boston are Black, and 25-29% of YYA experiencing homelessness in Boston are LGBTQ.[[316]](#endnote-316) Recognizing the importance of good data, the Boston plan specifically calls to improve data collection for YYA at risk of and experiencing homelessness and to create a dashboard to track progress and monitor disparities.[[317]](#endnote-317) Boston’s plan also acknowledges that family rejection is a leading cause of homelessness for LGBTQ youth and aims to create a set of acceptance strategies to support LGBTQ YYA staying with families to ensure they remain in their homes if desired.[[318]](#endnote-318)

In addition to Boston, the city of Springfield and Community Action Pioneer Valley in Western Massachusetts also received a grant from HUD in 2019 for more than $4.3 million to end youth homelessness.[[319]](#endnote-319) While Springfield and Community Action Pioneer Valley have not yet released comprehensive plans on how they will utilize the grant money, the Commission looks forward to collaborating in whatever ways possible to ensure that LGBTQ youth experiencing homelessness in Western Massachusetts are fully included in the process.

### Best and Promising Practices for Providers

Picture 75

As articulated in the research on homelessness above, LGBTQ youth are significantly overrepresented in the homeless population compared to heterosexual and cisgender youth. LGBTQ youth often experience additional stress and discrimination when seeking supports like emergency shelter or transitional housing, and many youth choose to avoid seeking help at all. It is imperative that providers and organizations serving youth take direct measures to ensure they are affirmatively supporting and protecting LGBTQ youth that are likely in their care. A brief summary of these recommendations for both individual providers and organizations as a whole will be provided below, while the recommendations in full can be accessed on the Commission’s website.

1. **Recommendations for Individual Service Providers:**

1. Address assumptions around LGBTQ identities:

* Assume that an organization is serving LGBTQ youth even if the youth do not explicitly share these identities with providers.
* Services must be tailored to the specific needs and experiences of LGBTQ youth.
* LGBTQ youth want to be seen as whole individuals with multifaceted identities, and sexual orientation and gender identity are just two facets of a multidimensional identity.

2. Prioritize LGBTQ youth’s safety:

* LGBTQ youth must be able to access services without fear of bullying, discrimination, violence, and or/being subject to more restrictive practices due to their sexual orientations and gender identities.
* Staff should model respecting differences amongst clients and intervene immediately with appropriate action in cases of mistreatment of LGBTQ youth. Providers should never use anti-LGBTQ jokes or slurs, or misgender gender-diverse youth, and should intervene appropriately if others are making these comments.
* Providers must take steps to protect the confidentiality of LGBTQ youth’s personal information. Providers should ask youth what names, pronouns, and identities may be shared with other parties, as the youth may not be “out” to others.

3. Respect and affirm LGBTQ youth’s identities:

* Providers should examine their own knowledge, attitudes, and beliefs about LGBTQ people and identities, develop a working knowledge of lesbian, gay, bisexual, transgender, questioning, and queer identities and be able to use these terms competently and appropriately.
* Providers should develop an understanding of the causes of LGBTQ youth homelessness, as well as the populations most impacted.
* Youth should have the option to disclose their sexual orientation, gender identity, and pronouns on the program’s intake form (if they choose), and providers should ensure that they are referring to youth by their chosen name and pronouns at all times.
* Providers should let youth guide conversations around their identity and experiences, and ask questions in ways that avoid assumptions about sexual orientation or gender identity.
* Providers should undergo LGBTQ competency training on a regular basis.

4. Ensure access to medical treatment, mental health care, and education:

* Providers should help connect youth to medical and mental health professionals who are able to provide competent and affirming treatment to LGBTQ homeless youth.
* All sexual health information and materials must be LGBTQ-inclusive and include safer-sex information tailored to LGBTQ youth.
* Providers should inquire whether or not youth are attending school and determine what sort of difficulties or barriers the youth may be facing to attending school or while in school.

5. Explicitly support transgender and gender non-conforming youth:

* Providers must address youth by their chosen names and pronouns. If one doesn’t know the name or pronoun of a youth, respectfully ask.
* All youth should be allowed to express their gender through clothing, hairstyle, and mannerisms in the agency setting.
* Providers should ensure that transgender and gender non-conforming youth have access to gender-affirming medical treatment if so desired, including hormone therapy and other transition-related care.
* Providers should assist youth with updating their name and gender marker on identity documents.

6. Refer youth as needed to other LGBTQ-affirming programs and services:

* Providers should assist youth in accessing services specifically geared towards LGBTQ people.
* Providers should work to connect LGBTQ youth to groups, spaces, and organizations that will allow youth to meet and socialize with other LGBTQ youth.
* Providers should ensure that their agencies are referring youth to programs and services that are both LGBTQ-affirming and safe for LGBTQ youth.

**B. Recommendations for Organizations and Agencies**

1. Protect the safety of LGBTQ youth in shelter and residential services:

* Avoid isolating LGBTQ youth or using restrictive practices for the youth’s protection.
* In gender-segregated settings, transgender and gender non-conforming youth should be allowed to determine their appropriate placement with guidance from providers.
* Transgender and gender non-conforming youth should be allowed to use facilities, including locker rooms and showers, that offer them privacy, gender affirmation, and safety.
* Staff should ensure that LGBTQ youth are not placed with youth who espouse anti-LGBTQ beliefs or threaten the emotional or physical safety of LGBTQ clients.

2. Create an inclusive environment and culture:

* Display LGBTQ inclusive artwork, posters, flags, images, reading materials, and safe space stickers in client-serving areas to signal a welcoming environment for LGBTQ youth.
* Allow youth to disclose their chosen name, pronouns, gender identity, and sexual orientation during intake.
* Whenever possible, provide single-stall or gender-neutral restroom options.
* Develop outreach materials that are LGBTQ inclusive.

3. Ensure non-discrimination policies are created and implemented:

* Organizations should implement policies that prohibit discrimination on the basis of sexual orientation, gender identity, and gender expression. Agencies must ensure that all staff and youth are informed of these policies and develop an appropriate procedure to investigate reports of discrimination or harassment.

4. Engage LGBTQ youth in planning, programming, and evaluation:

* Allow LGBTQ youth to be meaningfully involved in policy and programming decisions to ensure the organization meets the needs of this population. Feedback should be collected from LGBTQ youth regarding the services they received, and that feedback should be used to improve future service delivery.

5. Recruit, hire, and train staff:

* Potential job candidates should be screened for the skills needed to affirmatively serve LGBTQ youth.
* Organizations should strive to recruit and hire staff that reflect the diversity of youth served by the organization.
* All new and existing staff should receive regular, ongoing training in serving LGBTQ youth experiencing homelessness.

6. Build and support linkages to other institutions and systems that serve LGBTQ youth:

* Organizations should build and foster linkages to coordinate care and better support LGBTQ youth experiencing homelessness as they navigate systemic challenges.

7. Collect sexual orientation and gender identity and expression (SOGIE) data on an agency level:

* Agencies should collect robust SOGIE data for all clients served, though clients must be given the option of whether or not to disclose this information. This information can be used to inform program evaluation efforts and the development of affirming services.

# Advancing Justiceimage1.jpg

LGBTQ youth are twice as likely to enter the juvenile system as their non-LGBTQ peers.[[320]](#endnote-320) LGBTQ youth of color face even starker disparities and comprise a staggering estimated 85% of LGBTQ youth in the justice system.[[321]](#endnote-321) Transgender individuals are nearly twice as likely to have been incarcerated as other LGBQ people, with transgender people of color reporting a rate of past incarceration four times higher than other LGBQ people.[[322]](#endnote-322) The Commission also knows, from its own data analysis as presented in the data report above, that LGBTQ youth (particularly transgender youth and youth of color) are especially likely to face risk factors such as truancy out of fear of attending school, being involved in bullying and fights, and experiencing homelessness, all of which are drivers of justice systems involvement.

To combat these disparities, the Commission has worked closely with many state agencies and entities in Massachusetts to establish more equitable state policies within the juvenile justice system. The Commission has also worked in coalition with community organizations such as Citizens for Juvenile Justice to advance legislation to further reform the juvenile justice system and improve the lives and conditions of LGBTQ individuals involved in the juvenile and adult criminal justice system.

**Recommendations to the Governor and Legislature on Juvenile Justice**

Picture 5

1. Increase collection of data on sexual orientation and gender identity to identify and reduce disparities throughout the juvenile and criminal justice systems.

Data can provide insight into the disparities experienced and the needs faced by LGBTQ youth who are in the juvenile and criminal justice systems. The newly-created Juvenile Justice Policy and Data (JJPAD) Board has been tasked with collecting data to identify disparities and make recommendations on how best to improve the juvenile justice system. The Childhood Trauma Task Force (CTTF), a subcommittee of the JJPAD Board, is charged with studying and making recommendations on gender responsive and trauma-informed approaches to treatment services for youth currently involved, or at risk of becoming involved, in the juvenile justice system. The Commission is pleased to see that the JJPAD Board issued numerous reports in 2019, identifying gaps in data collection throughout the juvenile justice system and beginning the process of developing recommendations for improving data collection and reporting. The state should further increase its collection of sexual orientation and gender identity and expression (SOGIE) data wherever possible in the criminal and juvenile justice systems, as proposed by An Act to Collect Data on LGBTQI Prisoners Held in Restrictive Housing (H. 1341 / S. 905), which would collect data on LGBTQI prisoners held in restrictive housing, as well as An Act Improving Juvenile Justice Data Collection (H. 2141 / S. 1386), which would include sexual orientation and gender identity in the collection and reporting of juvenile justice data, with the goal of identifying and evaluating policies to reduce racial disparities in the juvenile justice system.

2. Limit the use of force by law enforcement and correctional officers.

The Commission fully supports efforts to limit the use of force by law enforcement and correctional officers at every level, particularly in light of the 2020 murders of George Floyd and Breonna Taylor at the hands of police and countless other instances of police brutality. The Commission urges the legislature to pass and enact legislation such as H.D. 5218, An Act Relative to Saving Black Lives and Transforming Public Safety.

“The school-to-prison pipeline needs to be [addressed]. Especially since we’re in the LGBTQ community and a person of color at the same time, I feel like we’re disciplined harsher than White students also in the LGBTQ community or even outside of it.”

*– Youth of Color, Greater Boston*

3. Decriminalize consensual sexual relations among parties close in age and issue guidance on reporting consensual sexual relations between minors.

Criminalization of consensual sexual relationships between minors discourages use of critical health services and contributes to the school-to-prison pipeline. It also presents the opportunity for LGBTQ youth to be targeted with discriminatory use of these laws as a means of punishing stigmatized relationships between LGBTQ young people. These relationships should be decriminalized with a policy such as that proposed in An Act Clarifying Consent Laws for Adolescents (H. 1493 / S. 1014), which would remove criminal penalties for consensual relations among youth close in age. Relatedly, the Commission recommends the decriminalization of minors engaging in consensual peer-to-peer dissemination of explicit visual material and stresses the need for education in this area instead of criminal punishment. Furthermore, given the harmful effects of the criminalization of consensual sexual relationships between minors as noted above, state entities can play a role in clarifying when such reporting should occur and in helping make clear to youth when they are able to seek services without fear of punishment. The Commission has heard from actors in fields such as education, health, and congregate care that the current lack of clarity and fairness in the law presents a major problem for delivering services, and the state can easily remedy this challenging situation.

4. Adapt the Sexual Orientation and Gender Identity or Expression Guiding Principles developed by the Juvenile Detention Alternative Initiative (JDAI)’s Special Populations Work Group.

The Commonwealth’s JDAI program has helped implement interventions at every level to reduce the number of youth who are detained in the juvenile justice system. The Special Populations Work Group has developed guiding principles that provide instruction to all those who work in or impact the juvenile justice system with respect to sexual orientation and gender identity. These principles include recognizing the self-determination of one’s gender regardless of legal sex; a commitment to improving data collection and analysis; and “encouraging self-determination and positive identity through respect and fairness in all justice system structures and interactions.” The Commission commends JDAI for this important work and encourages all applicable state actors, including law enforcement, courts, and others, to adopt these principles.

5. Study the impacts and benefits of decriminalizing sex work.

Many human rights and public health groups have found that the criminalization of sex work has made sex workers more vulnerable to violence, less likely to receive help from police, and leads to poorer public health outcomes. Decriminalizing sex work would greatly increase sex workers’ legal protection and ability to exercise other key rights, include justice and health care. LGBTQ individuals are also overrepresented among sex workers, including LGBTQ youth experiencing homelessness, who engage in survival sex at significantly higher rates than their non-LGBTQ peers, leading to higher rates of criminalization. The Commission recommends that the state legislature undertake a study to discuss and examine the impacts and benefits of decriminalizing sex work in Massachusetts. This would help to evaluate the many different models, including partial and full decriminalization as well as legalization, and determine which would achieve the best public health, safety, and justice-related outcomes for the Commonwealth.

6. Improve prison conditions for incarcerated LGBTQ and intersex individuals.

LGBTQ and intersex individuals are overrepresented among prison inmates and face higher rates of abuse and physical and sexual assault than their non-LGBTQ peers. While little research exists on current prison conditions for incarcerated intersex individuals, studies have shown this group to be particularly vulnerable to sexual abuse.[[323]](#endnote-323) The Commission recommends that the state take action to improve conditions for these inmates, including: (1) End the use of solitary confinement, which is disproportionately used against incarcerated LGBTQ and intersex people, often under the guise of being for their own “protection”; (2) ensure that incarcerated LGBTQ and intersex people have access to medical personnel who are knowledgeable about their specific health needs; and (3) end the practice of using the Prison Rape Elimination Act (PREA) to criminalize consensual same-sex sexual activity.

7. Protect undocumented LGBTQ youth.

At a time when the federal government is targeting undocumented communities it is imperative that Massachusetts take steps to ensure that local police do not work hand in hand with the federal government to carry out the work of Immigration and Customs Enforcement (ICE). It is well documented that LGBTQ youth—particularly LGBTQ youth of color—are overrepresented in the justice system. Undocumented LGBTQ youth face additional vulnerabilities due to documentation status. Massachusetts should take steps to protect undocumented immigrants, such as passing the Safe Communities Act, which would ensure that local police do not share information with ICE.

8. Raise the age of the juvenile justice system to include 18-to 20-year-olds.

Raising the age of the juvenile justice system to gradually include 18- to 20-year-olds will improve public safety and improve outcomes for the oldest teens, and is proposed in An Act to Promote Public Safety and Better Outcomes for Young Adults (H. 3420 / S. 825) in the current legislative session. This is especially important for LGBTQ Youth for two reasons: (1) the juvenile justice system, thanks to reforms made by the Department of Youth Services, has made strides on supporting and affirming LGBTQ youth that the adult system has not, and (2) these formative years are particularly important for the development of LGBTQ youth, who often struggle with mental health issues as they come to understand their identities and often face bias, and the juvenile system is much better equipped to support healthy development during this time.

9. Support legislative initiatives to improve the juvenile justice system.

The Commission supports juvenile justice initiatives that, while not explicitly related to LGBTQ youth, address areas that disproportionately impact LGBTQ youth. Such initiatives include: (1) Expanding access to expungement (including nonviolence marijuana-related convictions) by removing the one court case restriction to ensure young people can have better access to education and employment opportunities, as proposed in An Act Relative to Expungement, Sealing, and Criminal Records Provisions (H. 1386 / S. 900); (2) establishing developmentally-appropriate policies in the adult criminal justice system for emerging adults under age 26 that look to the Commonwealth’s juvenile justice system of rehabilitation and focus on treatment and access to health services, education, and vocational training to reduce recidivism for this age group, as proposed in An Act to Reduce Recidivism Among Emerging Adults (H. 1486 / S. 940); and (3) preserving the right to education of students who are accused of an offense by requiring a basic determination that the case will move forward in court and requires that the felony be a “serious violent felony” as outlined by the Department of Elementary and Secondary Education before a student is suspended or expelled from school, as proposed in An Act to Promote the Education Success of Court Involved Children (H. 531 / S. 297).

**Understanding Juvenile Justice**

Picture 75

For a variety of reasons – including higher rates of homelessness and foster care involvement, as described above – LGBTQ youth are twice as likely to enter the juvenile system as their non-LGBTQ peers.[[324]](#endnote-324) Nationally, five percent of LGBTQ youth report that they have been incarcerated, and 73% had personal interactions with law enforcement in the previous five years.[[325]](#endnote-325) Another survey of seven juvenile justice facilities nationwide showed that 20% of youth in these facilities were LGBTQ, which makes these youth doubly represented in the criminal justice system given that they comprised only 10% of the general population at the time of the study.[[326]](#endnote-326) Additional research shows that 50% of LGBTQ youth are at risk of entering the juvenile justice system due to the risk factors that they face.[[327]](#endnote-327) Over two-thirds of justice-involved youth have histories of adversity related to interpersonal trauma and most are disproportionately burdened by discrimination on several levels of social identity, including race, ethnicity, gender identity, sexual orientation, and disability status.[[328]](#endnote-328) These disparities transfer to adulthood, with 58% of respondents in a 2015 survey of incarcerated LGBTQ adults reporting that their first experience in a justice facility had been before the age of 18.[[329]](#endnote-329) In total, sexual minorities nationally are three times more likely to be incarcerated than the general population.[[330]](#endnote-330)

The demographic breakdown of LGBTQ youth shows an even greater overrepresentation of sexual minority girls in the juvenile system. One national study showed that 39% of girls compared to 3.2% of boys in the system identified as sexual minorities.[[331]](#endnote-331) Another study found that up to 40% of girls in the juvenile justice system are sexual minorities or transgender.[[332]](#endnote-332) Transgender and gender-nonconforming individuals are nearly twice as likely to have been incarcerated as other LGBTQ people, with transgender people of color reporting a rate of past incarceration four times higher than other LGBTQ people.[[333]](#endnote-333)

The overrepresentation of LGBTQ youth of color in the juvenile and criminal systems also reflects the racial disparities faced by all people, regardless of LGBTQ identity, involved in these systems. One national study found that as compared to White youth, Black youth are four times more likely to be incarcerated, Native American youth nearly three times as likely, and Latinx youth 1.5 times as likely.[[334]](#endnote-334) It is therefore deeply troubling, but not surprising, that an estimated 85% of LGBTQ youth in the justice system are youth of color.[[335]](#endnote-335) Experiences of discrimination that disproportionately affect and result in justice involvement for LGBTQ youth, particularly LGBTQ youth of color, parallel vulnerabilities that result in victimization, abuse, and further trauma within the justice-system[[336]](#endnote-336).

**A. Pathways to Involvement in the Criminal Justice System**

Various forces contribute to the overrepresentation of LGBTQ young people in the juvenile justice system. One perspective is that discrimination and stigma increase the number of incidents of harassment and violence against LGBTQ youth. LGBTQ youth may cope with these traumatic experiences by engaging in criminalized compensatory behaviors and survival economies. Discrimination and stigma may also result in policies and policing strategies that disproportionately target LGBTQ youth, especially those of color. Traumatic experiences such as interactions with the criminal justice system can have lifelong repercussions, particularly when they occur during adolescence, a critical period of brain development.[[337]](#endnote-337)

*1. Poverty, Homelessness, and Drugs*

One pathway through which LGBTQ youth enter the juvenile and criminal justice systems is homelessness and compensatory behaviors originating from abuse and rejection in their home and social environments. Various factors may contribute to increased family instability and rejection of LGBTQ youth, including poverty. According to the 2015 US Census, more than one in five American children (21.1%) live in poverty.[[338]](#endnote-338) Multiple studies indicate that LGBTQ people experience higher rates of poverty than the general population. 24% of queer women have an annual income below the federal poverty line compared to 19% of heterosexual women.[[339]](#endnote-339) Transgender people are four times more likely to live in extreme poverty (make less than $10,000 a year) than the general population.[[340]](#endnote-340) Parental substance use and conflicts over their LGBTQ status are other often cited causes of family instability.

Unsafe at home, many LGBTQ youth end up in the foster care system or homeless. Youth infoster homes or who have aged out of the foster care system have been shown to have higher criminal justice involvement than others.[[341]](#endnote-341) The situation is no better for youth who experience homelessness, of whom one study found78% had at least one prior police interaction, 62% had been arrested or detained, and 44% had been in a juvenile detention center, jail, or prison.[[342]](#endnote-342)

The war on drugs also disproportionately affects LGBTQ youth. Approximately 12% of all juvenile arrests in the United States in 2016 were related to possession of drugs.[[343]](#endnote-343) As noted above, LGBTQ youth are known to use drugs and illicit substances at higher rates than non-LGBTQ peers possibly due to the disproportionate trauma and rejection they experience.[[344]](#endnote-344) While research is lacking on the number of drug-related detentions and incarcerations among LGBTQ youth, higher substance use in this group is likely associated with higher criminalization.

*2. The School-to-Prison Pipeline*

More than two in five (42%) LGBTQ high school students in Massachusetts experienced discrimination of some form in their school.[[345]](#endnote-345) As described in detail in the new data report above, LGBTQ youth were more likely to experience bullying, being involved in fights, skipping school due to feeling unsafe, or being threatened or injured with a weapon – all indicators for being disciplined within school or via the juvenile or criminal justice systems.

Unfortunately, although 99% of students could identify at least one supportive staff member at their school,[[346]](#endnote-346) the majority of LGBTQ students who experienced harassment in Massachusetts high schools did not report the incident to school staff (61%).[[347]](#endnote-347) Most feared additional repercussions or doubted that they would receive the support they needed. Experience often substantiated these suspicions as only 39% of reports resulted in effective intervention.[[348]](#endnote-348)Only 60% of LGBTQ students felt comfortable talking to a teacher at school. Further, LGBTQ youth who were bullied often reported being disciplined more harshly than their non-LGBTQ peers.[[349]](#endnote-349) Additional research found that 21% of LGBQ students and 61% of transgender students were unable to use bathrooms compatible with their gender identity or expression, and 16% of LGBQ students and 43% of transgender students were unable to use their chosen name or gender pronouns at school.[[350]](#endnote-350)

Given these high rates of abuse and harassment, it is no surprise that LGBTQ students in Massachusetts, when compared to their non-LGBTQ peers, were twice as likely to engage in fights at school in the past year (9.4% vs. 5.1%), three times as likely to carry a weapon to school in the past year (6.1% vs. 2.8%), and six times as likely to have used heroin in their lifetime (6.7% vs. 1.0%).[[351]](#endnote-351)

All of these behaviors can lead to arrest, especially considering that LGBTQ youth nationally are three times as likely to experience harsh discipline at school when compared to their non-LGBTQ peers.[[352]](#endnote-352) This disparity is particularly true for LGBTQ youth of color, of whom 79% had faced police involvement in middle and high school compared to 63% of White LGBTQ youth.[[353]](#endnote-353) Furthermore, Black LGBTQ students were suspended at higher rates than non-black LGBTQ youth (31% vs. 20%).[[354]](#endnote-354) Youth who reported discrimination at school reported school discipline at a rate 1.5 times greater than their LGBTQ peers who did not report experiences of victimization.[[355]](#endnote-355) Transgender youth reported higher rates of harsh disciplinary measures including detention, suspension, or expulsion than LGB students (45% vs. 28%).[[356]](#endnote-356) More than 1 in 6 LGBTQ students in Massachusetts also report disproportionately harsh disciplines for public displays of affection.[[357]](#endnote-357)

Harassment, inadequate support, and unfair policies at school cause many LGBTQ youth to skip school or drop out altogether. Youth in Massachusetts who drop out of school are 63 times more likely to face incarceration.[[358]](#endnote-358) Recent surveys of high school students in Massachusetts demonstrate that four times as many LGBTQ students compared to non-LGBTQ peers have skipped school in the last month because they felt unsafe at school (14.4% vs. 3.4%).[[359]](#endnote-359) 57% of LGBTQ youth who skipped school cited hostile school environments as their reason for leaving.[[360]](#endnote-360) LGBTQ students disproportionately report feeling unsure if they will graduate high school, with almost 6 in 10 reporting a hostile school climate as a reason for their outlook.[[361]](#endnote-361) Additionally, one in five LGBTQ youth who have dropped out of school report mental health concerns,[[362]](#endnote-362) which may further exacerbate their risk of ending up in the criminal justice system.

#### 3. Criminalization of Consensual Sexual Relationships

Laws that police sex — particularly between people of the same sex — have existed since the beginning of Massachusetts’s colonial history. As early as 1636, the Plymouth colony in what is now Massachusetts established America’s first anti-sodomy laws, making sexual relationships between members of the same sex a crime punishable by death.[[363]](#endnote-363)

Many laws, in one form or another, police sexual relationships, and when these laws allow for discretion, they may be discriminatorily applied to LGBTQ youth. This can result in youth being unfairly branded as sex offenders, making it difficult for LGBTQ youth to find jobs and access education, perpetuating the cycle of poverty, instability and criminalization.[[364]](#endnote-364) Experts in Massachusetts have found that the current law does not reflect the reality that many adolescents do engage in consensual sexual relations, and does not reflect sound public policy.[[365]](#endnote-365) Furthermore, while no data is available on how many LGBTQ youth are impacted, data shows that youth of color are disproportionately prosecuted for these crimes, and anecdotal evidence exists that LGBTQ youth are targeted for being LGBTQ.[[366]](#endnote-366) For this reason, the Commission has recommended decriminalizing consensual sexual relations among parties close in age and issuing guidance as to when consensual sexual relations need to be reported.

In Massachusetts, individuals living with HIV can face increased criminal penalties for sexual-related criminal activity, including consensual sexual relations involving a young person under 16 with a close-in-age peer. This is based on a statute that leaves a great deal open to the interpretation, discretion, and potential abuse of the courts when it is applied.[[367]](#endnote-367) As HIV is more prevalent among LGBTQ youth and youth of color than others, this code could impact them disproportionately.

#### 4. Discriminatory Law Enforcement Strategies

Evidence suggests that bias and discrimination influence how law enforcement personnel exercise their discretion to disproportionately target LGBTQ youth, especially LGBTQ girls and youth of color.[[368]](#endnote-368) Nationally, sexual minority girls are twice as likely to be detained for running away compared to heterosexual girls (38% to 17%),[[369]](#endnote-369) and Black girls are six times as likely to be suspended from school as are their White peers.[[370]](#endnote-370) A survey of New Orleans youth found that 87% of LGBTQ youth of color had been stopped by police compared to 33% of White LGBTQ youth.[[371]](#endnote-371)

LGBTQ people, especially those of color, are particularly vulnerable to hostile treatment by police. A national report found that 31% of LGBTQ survivors of hate-based violence faced hostile treatment by the police officer to whom they reported the incident, while 35% said the police showed indifference to their being victimized.[[372]](#endnote-372) Transgender survivors of hate crimes were significantly more likely than others to experience violence by the police, and Black LGBTQ survivors experienced force by police 2.8 times more often than other survivors.[[373]](#endnote-373)

**B. Experiences of LGBTQ Youth in the Justice Systems**

LGBTQ youth consistently report negative treatment during the pretrial and trial phases of their interactions with the juvenile and criminal justice systems. They are often held in custody for longer periods than their non-LGBTQ peers, with one study finding that sexual minority youth had a two- to three-times higher risk of being held for longer than a year compared to non-LGBTQ youth.[[374]](#endnote-374)

Once sentenced, LGBTQ youth continue to experience higher rates of abuse and harassment. Although the Prison Rape Elimination Act (PREA) of 2003 and the federal Juvenile Justice and Delinquency Prevention Act established basic standards on how to treat LGBTQ youth in prison, implementation has been inconsistent and sometimes backfires to adversely affect LGBTQ youth.[[375]](#endnote-375) In light of this, the Commission has worked with the Department of Youth Services (DYS) to improve the treatment of LGBTQ youth in juvenile justice facilities across the Commonwealth, as detailed in that agency’s recommendations below. The Commission has commended DYS for its prioritization of improved training, data collection, and inclusive policies to ensure the safety of LGBTQ youth. Massachusetts also protects youth from being confined in adult facilities[[376]](#endnote-376) and requires that youth younger than 18 years of age be treated as children and not adults.[[377]](#endnote-377) However, data exploring the specific experiences of LGBTQ youth in juvenile facilities since the implementation of these reforms is limited.

Although PREA standards limit the use of “protective isolation” for LGBTQ and intersex youth and the Criminal Justice Reform Act of 2018 placed restrictions on the use of segregation within the Commonwealth, isolation has historically been a serious problem for LGBTQ youth. A 2015 report by the federal Bureau of Justice Statistics found that approximately 30% of LGB young people in prison were placed in segregated or isolated housing compared to 18% of their non-LGB peers.[[378]](#endnote-378) Another 2015 report put the proportion of LGBTQ inmates who had been in solitary confinement at 85%.[[379]](#endnote-379) When isolation is used, there is a correlated increase in the risk of suicide and abuse by staff.[[380]](#endnote-380)

In addition to inadequate placements, many LGBTQ youth in prison report abuse and mistreatment by staff and other inmates. According to a national report of the Bureau of Justice Statistics in 2016, LGBTQ youth had a seven times higher risk (10.4%) of being sexually assaulted by a fellow inmate than non-LGBTQ peers (1.4%).[[381]](#endnote-381) A California study found that 60% of transgender women housed in male prisons had been sexually assaulted while in the facility, and that compared to other inmates, transgender women were thirteen times more likely to be sexually abused.[[382]](#endnote-382) A national study showed that four in five (80%) queer and transgender girls in juvenile facilities had experienced sexual abuse while in custody.[[383]](#endnote-383) Another national survey found that 20.6% of sexual minority young men were sexually assaulted by a fellow inmate compared to 1.9% of their heterosexual peers.[[384]](#endnote-384)

Unfortunately, the sexual and reproductive health care needs of LGBTQ youth often go unmet. As a result, the rate of sexually transmitted infections and HIV transmission is significantly higher among those who have been recently released from criminal justice facilities than in the general population.[[385]](#endnote-385) In addition, a majority of juvenile justice facilities are ill equipped to meet the medical needs of transgender youth including the need for transition-related hormone or hormone blockers to delay puberty.[[386]](#endnote-386)

Confidentiality is another concern for LGBTQ inmates, many of whom report that they have been outed to their parents by facility staff during family visitation sessions.[[387]](#endnote-387) This can compound the fact that many LGBTQ youth are already isolated from their families of origin and that others close to them such as friends or partners may lack the right or ability to visit them.

**Progress in Massachusetts on Juvenile Justice Reform**

**Picture 75**

In April 2018 Massachusetts enacted a sweeping juvenile and criminal justice reform package[[388]](#endnote-388). Given the disparities described above facing LGBTQ youth in the justice systems, the reforms seem likely to have a positive impact on LGBTQ youth in Massachusetts. A key aspect of the reform is the decriminalization of non-violence school-based offenses, which is particularly relevant for LGBTQ students as they are three times as likely to experience harsh disciplinary action at school when compared to heterosexual students[[389]](#endnote-389). Decriminalizing non-violent offenses will hopefully help to disrupt the school to prison pipeline that is especially dangerous for LGBTQ youth of color.

Arresting and putting youth through formal court processing increases their risk of dropping out of high school and committing further offenses. LGBTQ youth are already at higher risk of not completing high school due to stigma, discrimination, and harassment. The reform package authorizes judges to divert cases out of the criminal justice system before arraignment, preventing formal processing in the court system and the creation of a juvenile record. Instead youth can be diverted to rehabilitation, treatment, and other services that have been proven to reduce recidivism and prevent further harm for youth.

As LGBTQ youth are incarcerated and involved with the criminal justice system at higher rates than heterosexual youth, criminal justice reform will benefit LGBTQ youth in many other ways. First, LGBTQ youth are more likely to be placed in solitary confinement than their heterosexual peers, but the prohibition against the use of solitary confinement for LGBTQ individuals is now codified into law. Additionally, under the new law, non-serious offenses committed before the age of 21 can be expunged from an individual’s record. Many LGBTQ individuals already face discrimination while seeking employment, housing, and social services, and having a criminal record often exacerbates that discrimination.

Under Chapter 69 Section 218, the reform law created a special commission to study the health and safety of incarcerated LGBTQ individuals and which will prepare a report of recommendations to improve outcomes for incarcerated LGBTQ individuals that should be available no later than 1 year after the effective date of the act. Additionally, Chapter 69 Section 89 created a Juvenile Justice Policy and Data Board to evaluate the juvenile justice system’s current policies and procedures, examine feasibility of improved, cross-agency data collection, and provide recommendations while studying the implementation of statutory changes. The Commission has worked closely with the new JJPAD Board to further improve services for gender and sexual minority youth in the Commonwealth, as well as advise on best practices regarding the collection and reporting of data on sexual orientation and gender identity and expression.

As documented in the JJPAD Board’s November 2019 report, *Early Impacts of “An Act Relative to Criminal Justice Reform,”* there has been a significant decline in the utilization of the juvenile justice system.[[390]](#endnote-390) Specifically, the report notes that from FY18 to FY19:

* Juvenile arrests fell 43%;
* Overnight arrest admissions dropped 44%;
* Delinquency filings dropped from 33%;
* Pre-trial detention declined 27%;
* First-time commitments to DYS fell by 17%[[391]](#endnote-391)

These decreases in the use of the juvenile justice system are, however, part of a longer-term trend. Juvenile arrests have been declining for the past 10 years, as have other uses of the juvenile justice system.[[392]](#endnote-392) It does seem likely though that the 2018 reform package has accelerated these declines at many process points in its first year of implementation. Finally, it is important to note that while interactions with the juvenile justice system are declining, “youth of color are still disproportionately represented at every level of the juvenile justice system.”[[393]](#endnote-393)

# Improving Healthimage1.jpg

***Please also see the special report on LGBTQ youth and COVID-19, presented above, which sheds new light on the public health needs of LGBTQ communities in Massachusetts.***

Nearly 30 years after the Commission was founded in large part out of concern for the mental health of LGBTQ youth, and nearly 40 years after HIV was first observed among queer men in the United States, the issues of sexual and mental health remain at the forefront of disparities facing the community. LGBTQ youth are more likely to experience depression, self-harm, and suicidality, and also face a range of sexual health disparities, particularly among LGBTQ people of color.

These issues will never be adequately addressed without comprehensive and inclusive health education for our students, which is the only way to ensure that every youth in Massachusetts receives information that is critical to their wellbeing and survival. And yet, despite being a leader in so many areas, Massachusetts remains tragically behind when it comes to providing LGBTQ-inclusive health education.

On the other hand, community-based health services in Massachusetts are in a better place, with funding having increased over the past few years and new services – including access to PrEP to prevent HIV infection – having been expanded as a result. While budget cuts are likely in the coming months due to falling revenues amidst the COVID-19 pandemic, the Commonwealth must not cut funding for HIV-related services during this critical time for public health.

The other recommendations issued herein – regarding access to sexual and reproductive health, mental healthcare, and novel harm reduction strategies for people who inject drugs – are not specific to LGBTQ youth. Rather, they are recommendations for strengthening our health system in areas in which LGBTQ young people are more likely to face harm.

If anything, the COVID-19 pandemic has taught our country that ignoring science and data cannot prevent the inevitable result of our policy choices and investment, or lack thereof, in sound public health strategies. Just as the Trump administration’s dismissal of the pandemic did not stop it, acting as though LGBTQ youth do not need comprehensive and inclusive sexual health education, or affirming and accessible mental health care, will not make these problems go away. It is time for Massachusetts to acknowledge its failures and accept the realities of what our youth need.

### Picture 5Recommendations to the Governor and Legislature on Health

1. Ensure that comprehensive, age-appropriate, and LGBTQ-inclusive sexual health education is taught in every school district and supported with adequate funding.

LGBTQ youth, especially those in areas that lack LGBTQ-focused health clinics, rely on schools to provide basic education on sexual health. Not only does sexual health education need to be inclusive and comprehensive, but it also must be provided in every district. To facilitate this, the state should ensure that adequate funding is allocated to support sexual health programming in schools; provide guidelines and requirements on providing quality and inclusive sexual health education, through the curriculum framework currently under revision by the Department of Elementary and Secondary Education and through legislation such as the Healthy Youth Act (H. 410 / S. 263); and make general health education and sexual health education in particular mandatory, as proposed in An Act Providing Health Education in Schools (S. 237) and An Act Relative to Providing Health Education in Schools (H. 427).

“Queer-inclusive sex ed is important because without it, there is no way for queer kids, without the resources, to know themselves to practice safe sex. In addition, proper queer sex ed would help destigmatize… queer relationships.”

*– High school student, GSA Leadership Council*

2. Support HIV prevention and treatment services for LGBTQ youth, which are particularly critical for LGBTQ youth of color.

LGBTQ youth are disproportionately impacted by HIV, with LGBTQ youth of color facing the highest disparities. While revenue shortfalls relating to the COVID-19 pandemic may result in many parts of state funding being cut, any reduction in spending on HIV treatment and prevention would be unacceptable; we cannot let a public health crisis undermine the already-fragile public health system available to disparately impacted groups. HIV prevention and treatment funding supports some of the few safe and supportive spaces where LGBTQ youth, particularly those of color, can go to receive health services and social support, and this is more needed now than ever. The Commission also encourages the Commonwealth to continue increasing access to PrEP by making the HIV prevention treatment available free of charge to anyone who would benefit from it, including minors.

3. Improve access to critical reproductive and sexual health treatment and services.

All youth deserve the best attainable reproductive and sexual health, which requires access to services, treatments, and products that are too often out of reach. Barriers for LGBTQ youth are often compounded by the stigma they face in accessing information and treatment, and their higher likelihood of experiencing challenges such as poverty, homelessness, and system involvement. The Commonwealth should work to remove barriers that youth face through inclusive and evidence-based means; for example, through An Act Removing Obstacles and Expanding Access to Women’s Reproductive Health, referred to as the “ROE Act” (H. 3320 / S. 1209), An Act to Increase Access to Disposable Menstrual Products in Prisons, Homeless Shelters, and Public Schools, referred to as the “I AM.” bill (H. 1959 / S. 1274), and An Act Relative to Expanding Access to Preventative HIV Screening and Testing for Minors (S.1265).

4. Improve the quality and availability of mental healthcare.

The data presented below in this report shows that LGBTQ youth still face highly disparate rates of self-harm, suicidal contemplation, and suicide attempts. LGBTQ youth therefore stand to disproportionately benefit from improvements to mental healthcare access in the Commonwealth. The Commission recommends that Massachusetts consider legislation to make mental healthcare more readily available and of higher quality, such as An Act Increasing Consumer Transparency about Insurance Provider Networks (H. 913 / S. 610), which would require insurers to improve provider directories and thus make it easier to find care; An Act to Protect Children's Mental Health Services (H. 1736 / S. 1154), which would create an ombuds position within the Office of the Child Advocate to monitor and ensure compliance with child mental health laws; and An Act Relative to Mental Health Parity Implementation (H. 910 / S. 588), which would help ensure that coverage for mental health conditions and substance use disorders must be the same as coverage for physical health problems. The Commission was pleased to see the State Senate unanimously approve An Act Addressing Barriers to Care for Mental Health (S. 2519) and urges the House to pass it as well. In addition to expanding access to mental health care and strengthening quality of care, S. 2519 also directs the Office of Health Equity to identify the potential barriers to care for underserved cultural, ethnic and linguistic populations and the LGBTQ community.

5. Create a legal framework for supervised consumption sites.

Supervised consumption sites (SCS) are legally sanctioned harm reduction facilities where people who use drugs can safely consume previously obtained drugs under medical supervision. SCSs provide (1) emergency responses to overdoses; (2) injection-related first aid; (3) access to counseling, medical and behavioral health services, and substance use treatment; and (4) exchange and disposal of needles. SCSs are especially pressing considering the disparities in lifetime heroin use among LGBTQ youth as compared to their non-LGBTQ peers. The Commission is pleased to see that An Act Relative to Preventing Overdose Deaths and Increasing Access to Treatment (H. 4723 / S. 2717) was reported favorably out of the Joint Committee on Mental Health Substance Use and Recovery and urges the legislature to pass and enact this legislation.

### Picture 75Research on LGBTQ Youth Health

LGBTQ youth face a range of health disparities, many stemming from factors such as bullying, family rejection, and bias in the healthcare system. The Commission was originally formed in large part to address suicide risk among LGBTQ youth, and working to improve mental health services and outcomes for these youth remains a large part of its mission today. Additionally, sexual health is a focus of the Commission and its annual recommendations, given the unique needs and risks that LGBTQ youth face in this field. This section also seeks to highlight emerging trends in disordered eating and body dysmorphia among LGBTQ youth, which is correlated with suicide risk. Beyond the risk factors that LGBTQ youth face in these areas (as well as others, such as sexual assault and substance use), structural and interpersonal barriers to accessing healthcare limits their usage of services and exacerbates disparities. This section highlights the available literature on LGBTQ health in these core areas of the Commission’s work and supplements the new data report presented above.

#### **HIV and Sexually Transmitted Infections (STIs)**

Much of the focus on LGBTQ health for the past several decades has been on the HIV epidemic. LGBTQ youth, particularly those of color, continue to be significantly overrepresented among people living with HIV in the Commonwealth. While the annual number of new HIV cases decreased by 47% between 2000 and 2014, sexual minority men were 28 times more likely to be diagnosed with HIV than heterosexual men in 2015.[[394]](#endnote-394)

Nationally, compared to their non-LGBTQ peers, LGBTQ high school students are less likely to use condoms or any method of pregnancy prevention during sex,[[395]](#endnote-395) which again points to the need for better LGBTQ-inclusive comprehensive sex education. One large national study showed that sexual minority girls were twice as likely as other girls to report having their first sexual experience before the age of 14 (42% to 22%). Sexual minority girls were also twice as likely to have had more than five sexual partners (21% to 9%). This correlated with significantly higher rates of pregnancies among sexual minority teenagers compared to other teenagers.[[396]](#endnote-396)

From 2005 to 2014, the number of new HIV diagnoses among sexual minority men under 30 increased by 49% even as the incidence of HIV among older sexual minority men decreased by 37%.[[397]](#endnote-397) Furthermore, despite an overall 11% decline in the rates of new HIV diagnoses among White sexual minority men, incidence has merely stabilized among 13 to 24-year-old Black sexual minority men and has actually increased by 14% among Latinx sexual minority men of this age.[[398]](#endnote-398) Trends in Massachusetts have been similar to those seen nationally in these respects.[[399]](#endnote-399) This overrepresentation of people of color is also seen among transgender and gender-nonconforming people living with HIV, with women of color representing 76% of transgender women living with HIV.[[400]](#endnote-400)

While more LGBTQ students report having ever been tested for HIV than heterosexual students, the LGBTQ testing rate is still only 12%. The CDC estimates that 50% of youth living with HIV are undiagnosed. These two factors, combined with LGBTQ students’ lower rates of condom use create the potential for an increase in HIV infections and progression to AIDS among LGBTQ youth.[[401]](#endnote-401)

While HIV remains a critical issue for LGBTQ youth, other STI rates are also rising and thus should be of growing concern. The incidence of syphilis among sexual minority men more than doubled in Massachusetts from 2005 to 2014, with their representation among new annual cases increasing from 66% to 83%.[[402]](#endnote-402) As of 2015, 43% of sexual minority men with syphilis were also co-infected with HIV.[[403]](#endnote-403) Incidences of gonorrhea have increased as well, with young sexual minority men comprising fully 50% of the reported cases of gonorrhea among all men.[[404]](#endnote-404) Twenty percent of sexual minority men with gonorrhea were co-infected with HIV.[[405]](#endnote-405) Nationally, the incidence of gonorrhea in 2015 among sexual minority men was 10.7 and 13.9 times higher than among their female and heterosexual male peers, respectively.[[406]](#endnote-406)

Experiences in getting HIV-related care, which is disproportionately needed by LGBTQ youth, continue to be mixed despite major scientific advancements in both treatment and prevention. A 2018 study found that 22% of new HIV infections occur among youth younger than 24, and of those new infections, 81% identify as MSM.[[407]](#endnote-407) The advent of antiretroviral therapy has allowed many people living with HIV to achieve viral suppression and live normal lives with virtually zero risk of transmission.[[408]](#endnote-408) Unfortunately, rampant misinformation about available treatment options and a history of negative experiences with providers has led to underdiagnoses and under-treatment.[[409]](#endnote-409)

Some signs of positive progress can be seen in PrEP knowledge and usage in the LGBTQ community. PrEP, or pre-exposure prophylaxis, is a combination of tenofovir and emtricitabine marketed under the brand name Truvada, and it is proven to effectively prevent HIV infection when taken daily. It is also safe and affordable using coupons provided by drug manufacturer Gilead Sciences, Inc. Recent analysis of the CDC’s National HIV Behavioral Surveillance data shows that awareness of PrEP by sexual minority men increased by 50% overall from 2014 to 2017, and in 17 of the 20 urban areas studied specifically, more than 80% of sexual minority men reported knowing about PrEP. Among sexual minority men deemed potential candidates for PrEP, usage increased by approximately 500%, from 6% in 2014 to 35% in 2017.[[410]](#endnote-410) However, the FDA has only approved PrEP for use in adults over age 18, and in one recent study only 77.8% of providers were willing to prescribe to adolescents and young adults, citing concerns about adherence.[[411]](#endnote-411)

In Detroit, one hospital formed a partnership with a community-based organization for LGBTQ+ youth to address the startling statistic there that 51% of new HIV diagnoses were among young adults ages 13 to 30.[[412]](#endnote-412) This coalition aimed to address barriers to PrEP access including inadequate health insurance, poor identification of LGBTQ+-affirming health providers, residential instability, and other economic disadvantages. Youth were encouraged to take PrEP daily and return for prescription refills and lab testing at the community-based organization site. During the six months of the study, 71% of participants reported taking PrEP more than four times per week, and 20% reached protective status based on serum drug levels. Those who had sustained housing insecurity and financial problems were less likely to adhere to appointments and to PrEP. Cities in Massachusetts could adapt the Detroit model with additional focus on overcoming structural barriers to LGBTQ+ health in the form of providing transportation, referring to housing/shelter services, and assisting with updating identification documents to ensure that this population has access to HIV prophylaxis.

#### **Sexual Victimization**

Sexual victimization is a contributing factor to disparities in STIs and HIV, and a serious problem in its own right. As described in the data report above, LGBTQ youth are 2.7 times as likely to experience sexual contact against their will than non-LGBTQ youth, and LGBTQ youth are 3.6 times as likely to experience sexual dating violence than non-LGBTQ youth.[[413]](#endnote-413) This trend is also reflected nationally where the CDC has found that, compared to non-LGBTQ peers, LGBTQ high school students are more than three times as likely to have forced sexual intercourse (17.8% vs. 5.4%), two times as likely to experience physical violence while dating (17.5% vs. 8.3%), and two-and-a-half times as likely to experience sexual violence while dating (22.7% vs. 9.1%).[[414]](#endnote-414) In Massachusetts, transgender students experienced higher rates of forced sexual intercourse, physical dating violence, and sexual dating violence than their cisgender peers, including other LGBQ youth, indicating that there are key disparities to be addressed even within the LGBTQ community.[[415]](#endnote-415)

In Massachusetts, among students who have been on a date, 22.5% of LGBTQ respondents reported that a dating partner hurt them physically, compared to 7.5% non-LGBTQ respondents reporting the same.[[416]](#endnote-416) This risk is heightened for bisexual youth, who experience dating violence at even higher rates than their gay or lesbian peers. In one study of LGBTQ teen dating violence researchers found that most respondents identified school or community LGBTQ youth groups as resources for teens experiencing dating violence, implying that work should be done to ensure that these organizations are prepared to serve this population. Research has found that sexual minority women who experienced intimate partner violence suffered long lasting consequences at a higher rate than heterosexual women, likely caused by barriers to support due to their sexual orientation.[[417]](#endnote-417) This troubling data on dating violence underscores the importance of school-based education on consent that is evidence-based, comprehensive, and LGBTQ-inclusive, as the Commission has recommended for all schools in its core recommendations above.

Another form of sexual victimization comes in the form of survival sex (trading sex for money, shelter, or food), which LGBTQ youth in Massachusetts are twice as likely as other youth experiencing homelessness to do.[[418]](#endnote-418) A study of 27,000 transgender Americans found that those who engaged in survival sex had five times a higher risk of having HIV than the general population.[[419]](#endnote-419)

#### **Substance Use**

LGBTQ high school students in Massachusetts report higher rates of substance use than their heterosexual peers, which aligns with national data on LGBTQ youth substance abuse. In Massachusetts, as reported above, LGBTQ youth were 5.8 times more likely than their non-LGBTQ peers to use heroin. Nationally, research on opioid use among young adults aged 18-25 has found that LGBTQ individuals are nearly twice as likely to be “intensive” users of opioids as compared to those who were only considered “active” users.[[420]](#endnote-420) For young MSM there is an association between prescription drug and opioid misuse and unprotected anal intercourse, putting these individuals at greater risk for STIs.[[421]](#endnote-421) While there is little research that has been done explicitly on drug use in transgender individuals, a California study found that transgender and gender non-conforming youth had between a 2.5 and 4 times higher rate of substance abuse as compared to cisgender youth. [[422]](#endnote-422)

“[Sexual health education] is super important because all students should have access to sexual education regardless of sexual orientation.”

*– High school student, GSA Leadership Council*

**Table 9. Percent of Massachusetts Students Who Reported Sexual Health Risk Behaviors and Experiences, Comparing LBGTQ and Non-LGBTQ Youth, 2015-2017**

|  |  |  |
| --- | --- | --- |
| **Behaviors and Experiences** | **LGBTQ Students**  **(N=878)** | **Non-LGBTQ Students**  **(N=5,429)** |
| Ever forced to have sexual intercourse\*\*\* | 14.8 | 5.3 |
| Physical dating violence\*\*\* | 12.8 | 5.2 |
| Sexual dating violence\*\*\* | 17.3 | 4.8 |
| Ever Electronic vapor product use | 43.8 | 42.6 |
| Current electronic vapor product use\* | 23.4 | 20.1 |
| Ever alcohol use\*\* | 63.5 | 58.3 |
| Drank alcohol before age 13\*\*\* | 24.9 | 11.8 |
| Ever had sexual intercourse\*\*\* | 38.8 | 36.9 |
| Had sexual intercourse before 13 years\*\*\* | 6.2 | 2.8 |
| Had sexual intercourse with four or more persons\*\* | 10.0 | 7.1 |
| Currently sexually active | 25.7 | 27.2 |
| Drank alcohol or used drugs before last sexual intercourse | 23.6 | 19.4 |
| Used a condom\*\*\* | 41.6 | 61.4 |
| Used birth control\*\*\* | 16.0 | 30.6 |
| Sex of sexual contacts\*\*\*  -Never had sexual contact  -Females  -Males  -Females and males | 41.3  16.2  20.8  21.7 | 48.3  27.6  21.9  2.1 |
| Ever tested for HIV\* | 13.8 | 11.0 |
| Ever tested for STDs\*\*\* | 17.7 | 11.5 |
| Ever taught about AIDS/HIV at school\*\* | 74.5 | 78.8 |
| Ever taught to use a condom in school | 53.0 | 55.5 |
| Ever taught about birth control methods in school | 66.0 | 65.2 |
| Talk about HIV with parents in past 12 months | 59.3 | 61.6 |
| School adult can help find sexual health services | 49.1 | 48.7 |
| Feel okay asking adult at school for help with sexual health | 30.8 | 33.0 |

* p<.05; \*\*p<.01; \*\*\* p<.001

**D. Sexual Health Education**

LGBTQ students in Massachusetts are less likely than heterosexual students to report having learned about HIV/AIDS, condom use, and other birth control methods in school.[[423]](#endnote-423) Thirty-nine states mandate that students receive sex education and/or HIV education and 30 of those states have specific standards that this education must meet,[[424]](#endnote-424) but Massachusetts is not one of those states. Schools in Massachusetts are not required to provide sexual health education in any form to their students, and schools that do provide this education can give students inaccurate, biased, and potentially harmful information, as there are no curriculum guidelines.[[425]](#endnote-425) A 2017 study of schools across the country found that only 6.7% of students received LGBTQ inclusive and affirming sex education, and in MA specifically, only 18% of LGBTQ students reported receiving sex education that was LGBTQ inclusive.[[426]](#endnote-426)

LGBTQ-inclusive sexual health curricula is important not only for the critical health information that students receive, but also because students who do not see themselves represented in curricula are more likely to be absent from school, have poorer academic performance, and participate less in important social-emotional skill building extracurricular activities.[[427]](#endnote-427) An anti-LGBTQ school climate has devastating effects on LGBTQ students’ motivation, health, and learning outcomes.[[428]](#endnote-428),[[429]](#endnote-429) LGBTQ-inclusive and evidence-based health education is integral to building a safe school climate for all students because it contributes to destigmatizing and educating both LGBTQ *and* cisgender and heterosexual students on important LGBTQ issues.[[430]](#endnote-430)

The vast majority (85%) of LGBTQ youth nationally report not learning about sexual and gender minority inclusive subjects during sexual or health education.[[431]](#endnote-431) Exclusionary sexual health education, in combination with minority stress factors, result in increased risk for adverse physical, sexual, and mental health outcomes because LGBTQ youth are subject to increased levels of victimization and thus more stress due to their minority status.[[432]](#endnote-432) A review of twenty-nine studies found that comprehensive, inclusive sexual health curricula can positively impact one or more sexual risk behaviors among LGBTQ youth.[[433]](#endnote-433) In addition to preventing these adverse health behaviors and outcomes, LGBTQ-inclusive health education benefits LGBTQ youth by validating their existence and experiences, reinforcing their value and self-worth, providing space for their voices, and empowering them in unimaginable ways.[[434]](#endnote-434)

Building a sexual health curriculum that includes everyone is integral to creating a safe school climate because education can act as both a mirror that reflects each student’s identity and a window to the different experiences and perspectives outside one’s own.[[435]](#endnote-435) LGBTQ-inclusive curriculum does this by both validating LGBTQ students’ identities and experiences while creating an opportunity for non-LGBTQ students to learn and understand LGBTQ perspectives that are not represented often or elsewhere.[[436]](#endnote-436) LGBTQ-inclusive curricula benefits all students by creating a better understanding of LGBTQ people, exposing them to accurate and inclusive situations, promoting acceptance, and encouraging them to question harmful stereotypes about LGBTQ people.[[437]](#endnote-437) When exposed to positive or neutral portrayals of the LGBTQ community, a reduction of prejudicial attitudes towards their LGBTQ peers were experienced amongst other students. Furthermore, students attending schools with LGBTQ inclusive curricula reported higher rates of sense of safety, less homophobic slurs, and less victimization.[[438]](#endnote-438) Inclusive curricula, in sexual education and beyond, is important because it promotes safer schools, destigmatizes sexuality and genders outside the cis-heteronormative narrative, and empowers LGBTQ youth.

The following curricula are examples of those likely to include the necessary components of LGBTQ-inclusive sexual education:

* **Rights, Respect, Responsibility (3R’s) by Advocates for Youth:** Reflecting the social learning theory, social cognitive theory, and the social ecological model of prevention, the 3R’s curriculum is rooted in communication, safety in relationships, growth, and development. Unlike many curricula, 3R’s begins in early childhood with lessons that empower students to ask questions, receive medically accurate and age appropriate information, develop important skills to form healthy relationships, and advocate and seek support for themselves. Language within lessons is LGBTQ inclusive, but there are also lessons specifically focusing on sexual orientation and gender.[[439]](#endnote-439)
* **Get Real: Comprehensive Sex Education that Works by Planned Parenthood League of Massachusetts:**The Get Real curriculum empowers youth to make informed choices about their own health and safety. By respecting their fundamental right to honest and accurate sexuality education, this comprehensive curriculum gives young people the tools to negotiate sexual relationships. As part of the curriculum, students engage parents and guardians to be involved via assignments that encourage dialogues about sexual health topics. This curriculum is unique because it emphasizes social-emotional learning as a key component of healthy relationships. Get Real includes lessons specifically about gender and sexuality, and language has been updated to be intentionally inclusive of LGBTQ youth.[[440]](#endnote-440)
* **FLASH** **by Seattle & King County Department of Public Health:** Rooted in the Theory of Planned Behavior, which links one’s beliefs to their behavior, the FLASH curriculum was built to give young people the skills to make healthy choices, foster respect for others’ sexual decisions, and communicate effectively with trusted adults. This program is unique because it includes sexual violence prevention lessons based on the Social-Ecological Model and the Confluence Model of Sexual Aggression. With lessons inclusive of LGBTQ youth, FLASH’s lessons address stigma and stereotypes surrounding the spectrum of sexual orientations and gender identities and expressions.[[441]](#endnote-441)
* **Our Whole Lives (OWL): Lifespan Sexuality Education by the Unitarian Universalist Association:** Using a holistic approach, the OWL curriculum provides age appropriate, inclusive sexuality education. While OWL is a secular curriculum, it is based on the guiding values and principles of the Unitarian Universalist church. This dynamic program emphasizes the importance of self-worth, sexual health, responsibility, and takes a social justice approach to sexual education. There are multiple lessons on sexuality, sexual orientation, gender identity, gender expression, and sexuality and disabilities. The OWL curriculum’s connection to faith communities sets it apart compared to most inclusive curricula that are available and may offer an advantage to communities in which faith is considered highly important.[[442]](#endnote-442)
* **Answer - Sex Ed, Honestly by Rutgers University:** Answer has created individual lesson plans for sexual health educators to use as their full curriculum or as an additional support for their current curriculum. This is a great option for educators that favor their current curricula but want to ensure usage of lessons that are inclusive of their LGBTQ students. From body image to healthy relationships to sexual assault and violence, this comprehensive collection of sexual health resources was created by teens for teens. The LGBTQ & Gender lesson plans address concept and stigmas, while empowering LGBTQ youth and helping to foster allies amongst cisgender heterosexual youth.[[443]](#endnote-443)

#### **E. Suicide Risk**

The Commission’s 2020 report on MYRBS data shows that major disparities remain for LGBTQ youth in terms of suicide risk.[[444]](#endnote-444) LGBTQ youth were 3.2 times more likely than other youth to seriously consider suicide within the past year, and 3.9 times more likely to have actually made a suicide attempt. Furthermore, LGBTQ girls were at significantly higher risk for suicidal contemplation and attempt than were LGBTQ boys, and multiracial LGBTQ youth were also more likely than all other racial groups to face these risks. Together, these facts highlight that suicidality is both an important problem to address for LGBTQ youth, and an area that needs special focus regarding the intersections of LGBTQ status, gender, and race.

**Table 10. Comparison Chart of Recommended Inclusive Sexual Education Curricula**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Publisher** | **Age Range** | **Price** | **Training** |
| Rights, Respect, Responsibility (3R’s) | Advocates for Youth | Kindergarten - Grade 12 (only curricula also in Spanish) | Free | Available at low cost |
| Get Real: Comprehensive Sex Education that Works | Planned Parenthood League of Massachusetts via ETR | Grades 6 - Grade 12 | Middle School: $549.99  High School: $299.99 | Free with purchase of curriculum |
| FLASH | Public Health Department in Seattle & King County | Grade 4 - Grade 12  Special Education | Elementary: $75.99 per binder  Special Ed: $75.99 per binder  Middle School: $99.99 per binder  High School: $99.99 per binder  Bundle of all binders: $374.99 | Recommended but price is variable depending on the needs of requesting price. |
| Our Whole Lives (OWL) | Unitarian Universalist Association | Kindergarten - Grade 12  Young Adults  Adults | Grades K-1: $40.00 per book  Grades 4-6: $40.00 per book  Grades 7-9: $75.00 per book  Grades 10-12: $60.00 per book  Young Adults: $40.00 per book  Adults: $60.00 per book | Recommended but not required; $340 per person, in person; separated by age range of curriculum |
| Answer: Sex Ed, Honestly | Rutgers University | Grades 8 - 12 | $1.99 per lesson or free lesson plans with subscription to the *Sex, Etc.* ($15.00 per year) | Online professional development; costs varies by topic |

Research indicates that the “coming out” process for sexual minorities has various associations with increased risk for suicidal ideation. A study based on national YRBS data revealed that students with “sexual orientation discordance” – for example, students who reported that they were heterosexual but who had same-sex sexual relationships – were 70% more likely than others to have suicide ideation or attempts.[[445]](#endnote-445) This suggests that students who are questioning their sexual orientation or are in the process of coming out are at elevated risk during that time in their lives. Other research confirms this risk, with one study finding that losing friends during the coming out process resulted in a youth being 29 times more likely to attempt suicide.[[446]](#endnote-446) This same study found that facing psychological mistreatment by caregivers led to a 9.5 times increased risk of attempting suicide.[[447]](#endnote-447)

Transgender young adults aged 18-24 are at higher risk for attempting suicide than are any other age group among transgender adults, with 45% having attempted suicide according to a large national sample.[[448]](#endnote-448) This same study found that experiences with homelessness, poor interactions with law enforcement, and having a positive HIV status—all factors closely related to the Commission’s focus areas of homelessness, criminal justice, and health—increased transgender people’s risk of attempting suicide.[[449]](#endnote-449) Several large studies have confirmed that experiencing transphobia—including violence, rejection, mistreatment, and discrimination—are associated with elevated suicide risk in transgender individuals.[[450]](#endnote-450)

Both LGBTQ-related victimization and low levels of social support are correlated with increased risk of attempted suicide among LGBTQ youth.[[451]](#endnote-451) Research has also shown that religiosity, something normally thought of as a protective factor that reduces suicide risk, actually may increase risk of suicide among sexual minority youth, highlighting the need to decrease stigma and reinforce social support.[[452]](#endnote-452) In contrast, strong family ties and close parental relationships serve as a protective factor against youth suicide attempts.[[453]](#endnote-453) The Commission’s recommendations on “Increasing Inclusion” presented above – including in families, schools, and state institutions – may help build more protective and safe environments that reduce suicide risk.

#### **Eating Disorders and Body Dysmorphic Disorder**

Eating disorders and body dysmorphic disorder have long been shown to occur in disproportionately high levels in adolescent straight females. However, recent research has indicated that certain segments of the LGBTQ population are also disproportionately likely to suffer from these disorders.[[454]](#endnote-454) In a 2019 first-of-its-kind survey of LGBTQ youth aged 13-24 conducted by the Trevor Project in conjunction with the National Eating Disorders Association, 54% of respondents had been diagnosed with an eating disorder at some point compared with 5% of their heterosexual peers, with an additional 21% suspecting that they were suffering from one.[[455]](#endnote-455) Eating disorders are characterized by persistent and extreme disturbances in behaviors related to eating, while body dysmorphic disorder involves an excessive preoccupation with self-perceived physical flaws. While both can happen independent of each other, they are frequently inter-related. Particular segments of the LGBTQ community appear to be at higher risk for developing either or both disorders, frequently as a maladaptive coping strategy stemming from the pressures of minority stress, societal norms, and a history of trauma and abuse.

While men account for only between 5 to 20% of people diagnosed with eating disorders, up to 42% of these men are either gay or bisexual.[[456]](#endnote-456) Male gay and bisexual youth were 7 times more likely to report binge eating and 12 times more likely to engage in purging behavior such as vomiting or diet pill/laxative abuse when compared to their heterosexual peers.[[457]](#endnote-457) For many of these male youth, achieving a lean, muscular physique functions as a means of counteracting common stereotypes of being weak and/or effeminate. While there is overall less societal pressure within lesbian communities to conform to certain bodily ideals, lesbian and bisexual girls are still 3 to 4 times more likely to engage in excessive weight-control behaviors such as binge eating and purging.[[458]](#endnote-458) Out of all LGBTQ youth, transgender youth are most susceptible to both eating disorders and body dysmorphic disorder not only due to a dissatisfaction with their bodily shape and weight, but also gender dysphoria – due to the conflict between their physical body and the gender with which they mentally and emotionally associate. 71% of transgender youth who identified as straight reported being diagnosed with an eating disorder.[[459]](#endnote-459)

**Table 11. Percent of Massachusetts Students Who Reported Body Image Risk Behaviors and Experiences, Comparing LBGTQ and Non-LGBTQ Youth, 2015-2017**

|  |  |  |
| --- | --- | --- |
| **Behaviors and Experiences** | **LGBTQ Students**  **(N=878)** | **Non-LGBTQ Students**  **(N=5,429)** |
| Exercised 5+ days in past week | 26.5 | 44.7 |
| Perceived weight  -Very underweight  -Slightly underweight  -About the right weight  -Slightly overweight  -Very overweight | 4.2  13.2  41.7  30.3  10.6 | 3.1  13.2  55.0  24.9  3.8 |
| What trying to do about weight  -Lose weight  -Gain weight  -Stay the same weight  -Not trying to do anything | 54.7  12.9  11.7  20.8 | 43.8  19.5  18.1  18.6 |

*p<.001*

Eating disorders are also strongly correlated with an increased risk of suicide contemplation among LGBTQ youth. The Trevor Project study found that 58% of LGBTQ youth who reported having been diagnosed with an eating disorder had considered suicide; additionally, the prevalence of an eating disorder among those who had considered suicide was 66%.[[460]](#endnote-460) Research has shown that a sense of connectedness to the LGBTQ community may have a protective effect against eating disorders.[[461]](#endnote-461) The Commission’s recommendations on “Increasing Inclusion” by supporting or creating organizations that provide resources for the LGBTQ population may help to strengthen the sense of community and build a more accepting environment that reduce the risks of developing eating disorders or body dysmorphic disorder.

**G. Healthcare Access and Utilization**

Both individual and societal determinants play a role in healthcare access and utilization, including factors that drive the need for care, the propensity to use services, and barriers to the use of these services.

##### *Sexual and Reproductive Health*

While all LGBTQ people can face discrimination and bias in accessing healthcare, transgender people face particularly high barriers. A 2015 study of transgender people in Massachusetts revealed that 31% of transgender people seeking medical care had negative experiences ranging from refusal of care, harassment of all types, and the need to teach providers about how to care for transgender people.[[462]](#endnote-462) It also found that 28% of transgender patients in Massachusetts struggled to gain insurance coverage,[[463]](#endnote-463) which may reflect low rates of employment and high rates of discrimination in accessing services in general.

Additionally, many LGBTQ youth express concerns about confidentiality in issues surrounding sexual health.[[464]](#endnote-464) Although healthcare providers are bound to confidentiality by federal privacy law, health insurers are not bound by the same principles, and thus the risk has existed of LGBTQ youth having their sexual orientation or gender identity revealed or suggested by explanations of benefits and other documents sent to their parents or guardians.[[465]](#endnote-465) The passage of the PATCH Act in Massachusetts, which had been recommended by the Commission, may help to address these concerns and build trust between LGBTQ youth and the healthcare system over time.[[466]](#endnote-466)

*2. Behavioral and Mental Health*

The introduction of the Affordable Care Act (ACA) legislation in March 2010 put into place three key provisions which have helped address the needs of LGBTQ individuals with behavioral health conditions, by: (a) providing more health coverage options, including expanded Medicaid; (b) prohibiting health care discrimination on the basis of sexual orientation and gender identity; and (c) requiring most plans, including Medicaid plans, to provide behavioral health services in parity with medical and surgical benefits. Specific to the youth population, the ACA extended dependent private health insurance coverage for young adults up to age 26 – which meant that youth are now more likely to be insured than previously. Despite these improvements, significant disparities still persist in terms of access and utilization of care with regard to the LGBTQ youth population. A key factor is the disproportionately high prevalence of LGBTQ youth among the homeless youth population, which effectively prevents these youth from accessing household insurance benefits that would otherwise have been available to them.

Across Massachusetts, the main structural issues limiting overall mental health care access are linked to service providers and insurance acceptance. In particular, safety-net behavioral health providers and organizations in the state that organize and deliver health care services to the uninsured, those with Medicaid coverage, and other vulnerable populations such as LGBTQ youth have been disproportionately affected by low reimbursement rates and high provider turnover rates.[[467]](#endnote-467) This further reduces the pool of competent and appropriate mental health care providers in the state that are potential sources of treatment for LGBTQ youth.

Evidence also suggests that mental health care providers are increasingly not accepting Medicaid and may be reluctant to accept any insurance at all. A survey of private practitioners in the state found that the reimbursement rates offered by insurance – both MassHealth and commercial – made insurance participation unattractive.[[468]](#endnote-468) Specific to Massachusetts, it was found that the majority of psychiatrists refused to accept any insurance coverage at all. Increasingly, private providers are choosing to forgo the bureaucracy of insurance reimbursement by opting out of accepting insurance altogether, focusing instead on clients who are able to pay out-of-pocket, effectively reducing the ability of marginalized populations such as LGBTQ youth to access treatment.[[469]](#endnote-469) Even in cases where insurance is accepted, the high cost of co-payments poses a significant barrier to continued treatment. Nationwide, the treatment of mental health disorders accounts for the costliest medical expenditures among youth, and Medicaid costs for youth who utilize behavioral health services are nearly 5 times higher than for youth using only physical health services.[[470]](#endnote-470) The high costs of treatment and lack of insurance acceptance significantly reduces access to treatment for LGBTQ youth, who are already disproportionately more likely than their peers to experience poverty and homelessness.

Waitlists and long wait times have also discouraged access to mental health treatment. Across the state, mental health care providers serving youth had longer wait times than providers which saw only adults. Moreover, organizations that served a greater proportion of youth reported seeing fewer new clients within two weeks as compared to those that served fewer or no children/adolescents.[[471]](#endnote-471) Location-wise, wait times were longest in the Central Massachusetts region.[[472]](#endnote-472) Critically, both nationally and within the state, the majority of LGBTQ youth-friendly mental health care providers are concentrated in urban areas.[[473]](#endnote-473) This may compound the isolation felt by LGBTQ youth experiencing mental health issues and dwelling in rural areas, due to the lack of support from LGBTQ-friendly organizations.

Mental healthcare access for LGBTQ youth is still impacted by the lasting legacy of the historical diagnosis of homosexuality as a mental illness, even though this was formally changed decades ago.[[474]](#endnote-474) This context has contributed to hesitation in seeking treatment among LGBTQ individuals due to a fear of encountering ignorance, discrimination, and hostility from mental health care providers.[[475]](#endnote-475) This discrimination is further compounded by race and income level, as LGBTQ individuals of color and those from low-income households (defined as less than $20,000 per year) reported higher levels of discrimination and substandard care.[[476]](#endnote-476) LGBTQ youth of color faced the most challenges in accessing counseling services, with only 37% of those who reported mental health issues receiving psychological or emotional counseling in the past 12 months.

In addition to the perceived threat of discrimination, having previously being discriminated against frequently discourages LGBTQ youth from seeking help for mental health issues.[[477]](#endnote-477) This is particularly pertinent for transgender youth, who experience disproportionate rates of psychological distress and other mental health conditions than their cisgender peers, in addition to structural barriers such as inability to pay for treatment.[[478]](#endnote-478) Past experiences, perceived discrimination and lack of confidentiality can also affect how much LGBTQ youth choose to disclose to their health care provider. Within the behavioral health context, this is especially troubling as existing stigmas around behavioral health needs may discourage full disclosure of one’s needs and experiences; even within the LGBTQ community itself, mental health issues remain stigmatized, discouraging treatment-seeking behavior.[[479]](#endnote-479)

“In acute mental health placements (CBAT, ICBAT, and inpatient) trans youth often face barriers to accessing treatment. Nearly all such facilities throughout the state will only place trans youth into a single occupancy room. As most facilities have a limited number of single rooms, trans youth experiencing a mental health crisis often have extended waits for treatment. Acute mental health facilities should permit trans youth to be placed into rooms with peers consistent with their gender identity.”

*- Service Provider, Central Massachusetts*

#### **Gender Affirming Care**

Transgender and gender non-conforming youth require additional support given the school bullying, adverse mental health outcomes, suicidality, financial insecurity, and increased rates of homelessness they experience due to identity-based discrimination. Research has shown that youth who are allowed to transition socially and supported through that process have lower scores on anxiety and depression metrics than cisgender controls, and the prohibition of social transition leads to increased shame and damaged relationships with family and medical providers.[[480]](#endnote-480) Medical transition, either through puberty blockers that give transgender youth time to explore their dynamic gender identities before puberty, and/or gender affirming therapy using estrogen or testosterone, are modalities of care currently provided by leading hospitals in Massachusetts. Without urgent, early access and implementation of puberty blockers, transgender youth experience more difficult transitions medically, socially, and psychologically when they are older.[[481]](#endnote-481) Providing supportive care to transgender youth and their families, especially in Massachusetts public hospitals and public health facilities, is an essential way to support this population.

Primary care providers are the gateway for transgender youth into gender affirming care and the need to assess for mental health and safety risks at the time of gender identity disclosure is imperative.[[482]](#endnote-482) School staff need to screen for bullying and verbal abuse both at home and in the academic environment. Special care should be given to youth whose gender identities fall further from binary conformity, as their victimization at the hands of peers can be extensive. State agencies can provide critical funding and linkages between youth, families, providers, and support organizations. Studies in other cities like Los Angeles have found that support from parents, teachers, physicians, and other authority figures mitigates depression and lowers the perceived burden of being transgender. [[483]](#endnote-483) It is associated with higher life satisfaction for transgender youth.

Many transgender youth are interested in fertility preservation, which provides the option of having biological children in the future. They must weigh options of prioritizing gender-affirming hormonal and/or surgical treatment versus undergoing sperm or egg harvesting, with consideration of gender dysphoria, parenthood desires, family values, provision of accurate medical information, and financial concerns. Costs for fertility preservation are prohibitively high, amounting to $12,737 on average for ovarian stimulation and oocyte retrieval, $745 on average for emissive sperm retrieval, and $343 on average for long-term storage fees.[[484]](#endnote-484) Five states (Connecticut, Delaware, Illinois, Maryland, and Rhode Island) have legislated insurance regulations since 2017 that require state-based insurers to subsidize fertility preservation treatment for patients facing infertility as a consequence of medical treatment (a typical example would be chemotherapy for cancer). Massachusetts should adopt similar language and include transgender youth in these benefits deemed essential for other patients.

Regionally, public opinion backs supporting transgender fertility preservation and potential parenthood. In a nationwide study, New Englanders were more likely than most other Americans to know a transgender person (35.2% reported knowing at least one), and 82.5% of them believe that they should have access to fertility preservation. Regarding fertility preservation for minors, which is recommended prior to initiating gender affirming hormonal therapy, 60.6% of respondents nationwide supported gamete preservation.[[485]](#endnote-485) Knowing how the public views these options should inform policy decisions. Given the overwhelming support for fertility preservation for transgender people in New England, Massachusetts public health insurance should include coverage for fertility preservation for all transgender people, youth included.

# Executive Office of Education Recommendationsimage1.jpg

The Commission has for many years enjoyed a particularly strong relationship with the Department of Elementary and Secondary Education (DESE). The work of the Commission is closely tied to that of DESE through the Commission’s founding legislation, the funding it receives to implement anti-bullying work, and the relationships that the Safe Schools Program—which today is co-sponsored by the Commission and DESE—has forged with the Department. More recently, the Commission has also developed fruitful relationships with the Department of Early Education and Care (DEEC) and the Department of Higher Education (DHE), both of which are represented along with DESE in the sections that follow.

The Commission looks forward to increasing its collaboration with and between these three agencies to ensure that the policies it recommends have maximum effect. For example, public school students in Massachusetts can presently elect to use a third, nonbinary gender marker in lieu of “male” or “female,” due to a policy change at DESE. However, many colleges and universities in the state do not offer a similar option, leaving open an opportunity that DHE and the Commission could potentially work together to support. This is but one example of how increasing collaboration and coordination of the Commission’s recommendations to DEEC, DESE, and DHE could improve service delivery for all three agencies and have an even greater impact for the Commonwealth’s LGBTQ youth.

## Department of Early Education and Care

image5.jpg

**FY 2021 RECOMMENDATIONS**

1. **Develop an online training module on best practices for serving LGBTQ youth and families, developed on Articulate 360 for incorporation into DEEC’s new Learning Management System and tied to DEEC’s Core Knowledge and Competencies for early educators.**
2. **Clarify that providers can and should house transgender youth based on their gender identity.**
3. **Share information about LGBTQ-affirming residential placements with the Department of Children and Families (DCF).**
4. **Continue to collaborate with the Department of Elementary and Secondary Education (DESE) and other state agencies on the Statewide Family Engagement Framework (prenatal through post-secondary) to ensure that LGBTQ content and family diversity are well-represented.**
5. **Include a nonbinary gender marker option during development of the new Professional Qualifications Registry database.**

“I've had clients five to ten years of age understand that they "love" their same sex classmate(s) but be very confused by it all. It can be brushed off by adults as "a phase," I think, because of the child's age. I know the focus has been on our high risk population of 13-18 year olds, but I'd like a more proactive approach to education, advocacy, and family coaching for our much younger kids.”

*– Service Provider, Cape and Islands*

**BACKGROUND & RESEARCH**

The Department of Early Education and Care (DEEC) not only provides guidance on early education, but also has important priorities such as working with teenage parents and licensing child-serving organizations that work with state government, including temporary shelters and foster homes. The Commission has worked with DEEC for a number of years, and is appreciative of DEEC’s commitment to youth of all ages under its care.

“A transgender young person currently in a foster home in Massachusetts experienced issues with their social worker and attorney. The social worker and attorney were not using proper pronouns when speaking to the young person or referring to the young person in court, avoided eye contact with the young person, and overall seemed uncomfortable and unaccepting of this young person's gender identity and expression.”

*– Attorney, Greater Boston*

LGBTQ youth are disproportionately represented in state systems of care. Although Massachusetts data are limited, estimates from Los Angeles suggest that approximately 19 percent of youth in foster care are LGBTQ.[[486]](#endnote-486) Additionally, detailed information provided at page 60 demonstrates that LGBTQ youth in foster care face unique challenges. EEC is therefore well-positioned to impact youth in early education programs as well as at-risk LGBTQ youth through its process of licensing child-serving organizations, including temporary shelters and foster homes. The Commission continues to hear that agencies managing group homes are unsure of best practices for serving LGBTQ youth, and in particular that they believe existing licensing requirements are a barrier to housing transgender young people according to their gender identity rather than sex assigned at birth.

Beyond the recommendations issued below, the Commission looks forward to working with DEEC to examine how LGBTQ competencies might be included in the years ahead in its Career Lattice, which is currently under development.

“The topic of gender and sexuality is still avoided at all costs. Our school seems to be scared that this topic is "too mature" for elementary school students. There needs to be an openness to talking about gender to kids. They get it! I think the administration is more scared of the closed-minded parents’ reaction. There is still so much more work to do.”

*- Parent, North Shore area of Massachusetts*

**EXPANDED RECOMMENDATIONS**

**1. Develop an online training module on best practices for serving LGBTQ youth and families, developed on Articulate 360 for incorporation into DEEC’s new Learning Management System and tied to DEEC’s Core Knowledge and Competencies for early educators.**

The Commission recommends that all employees who serve youth at DEEC-licensed or approved programs and facilities attend mandatory LGBTQ cultural competency training. The Commission encourages DEEC to support licensees in providing the resources staff need to serve LGBTQ youth. Training and professional development should include information on LGBTQ cultural competency and best practices for creating safe, affirming, and trauma-informed environments. The Commission urges DEEC to collaborate with community partners and other state agencies to ensure that educators and staff receive training and professional development. As DEEC relies on online training modules for many of its trainings, the Commission encourages DEEC to develop a regularly updated module or continuing education unit that addresses sexual orientation, gender identity, gender expression, and best practices for serving LGBTQ youth and families. The Commission’s current effort to develop an online training with interagency support might provide a useful example for what DEEC could itself develop, as could the trainings provided by the Commission’s Safe Schools Program.

**2. Clarify that providers can and should house transgender youth based on their gender identity.**

Without affirming placements, transgender young people experience barriers to success and stability. Where relevant, the Commission urges DEEC to update the Residential and Placement regulations to include protection against discrimination based on gender identity and to include youth voice in decision making around room assignments and programming. These updates would ensure that licensees make housing and placement decisions for transgender youth in residential programs on the basis of their gender identities, consistent with best practices and the preferences of the young person. When any young person expresses safety-based concerns, DEEC should support licensed programs in making individualized housing and placement decisions for the young person.

**3. Share information about LGBTQ-affirming residential placements with the Department of Children and Families (DCF).**

DEEC works closely with DCF on child welfare matters. The Commission urges both agencies to share information about LGBTQ-affirming placements and recognize LGBTQ youth as a priority population.

**4. Continue to collaborate with the Department of Elementary and Secondary Education (DESE) and other state agencies on the Statewide Family Engagement Framework (prenatal through post-secondary) to ensure that LGBTQ content and family diversity are well-represented.**

The Commission encourages DEEC to continue its collaboration with DESE and other state agencies on the Statewide Family Engagement Framework, which the Commission believes is important for reducing family rejection of LGBTQ youth. This effort could play a role with the Commission’s work on family acceptance, as described in the special report above.

**5. Include a nonbinary gender marker option during development of the new Professional Qualifications Registry database.**

The Commission commends DEEC for its proactive intention to create a nonbinary gender marker for its new Professional Qualifications Registry database in the upcoming fiscal year. This will allow DEEC to join the growing number of state agencies within and beyond Massachusetts in providing a third gender marker for those who do not wish to select binary “male” or “female” labels, including the Department of Elementary and Secondary Education, which has created such an option for public school students.

“All public employees who work with youth should be required to attend yearly trainings to learn to support queer youth. “

*- Parent of LGBTQ Youth, Educator, Service Provider, Central MA*

## Department of Elementary and Secondary Educationimage5.jpg

**FY 2021 RECOMMENDATIONS**

1. **Continue collaboration with the Commission with respect to the Safe Schools Program for LGBTQ Students and programs in special education, early education, adult education, sexual health, after school programming, curriculum, homeless assistance, family engagement, student leadership, student discipline, and the Safe and Supportive Schools Commission.**
2. **Explore ways to increase data relating to sexual orientation, gender identity, and gender expression.**
3. **Ensure LGBTQ inclusivity of all curriculum initiatives, including curriculum frameworks, model curriculum units, and supplementary curricular materials.**
4. **Develop and model strategies for school districts to recruit and retain a diverse workforce that includes diversity in gender identity and sexual orientation.**
5. **Partner with the Commission to better understand and meet the needs of LGBTQ students of color.**
6. **Work with DESE to build more internal and district-level capacity for trainings and professional development in LGBQ competency.**

“Schools should provide better resources for LGBTQIA+ students in order for them to discover their identities. For instance, guidance counselors could be provided more training on ways to be an ally to the queer community and be able to guide LGBTQIA+ students.”

*– High school student, Greater Boston area*

**BACKGROUND & RESEARCH**

The Commission is fortunate to enjoy a strong working relationship with the Department of Elementary and Secondary Education (DESE). At the center of this relationship is the Safe Schools Program for LGBTQ Students, a joint initiative of the Commission and DESE that was founded in 1993 and remains a national leader in creating policies and programs to foster safe and supportive environments for LGBTQ students. Through this program, which the Commission administers with in-kind support and invaluable input from DESE, approximately 200 trainings and workshops are held each year on addressing anti-LGBTQ bullying and building safer environments in public schools. The Program also manages the GSA Leadership Council, including statewide and regional components that meet monthly throughout the year and including student leadership and teacher professional development components. The Commission has also supported DESE in increasing its capacity to create landmark policies, provide professional development and technical assistance to schools, and promote student leadership throughout the Commonwealth.

Since the establishment of a Memorandum of Understanding (MOU) with DESE in 2013, the Commission has been working in collaboration with DESE on multiple initiatives, including trainings for school personnel on bias-based bullying and policy guidance to implement An Act Relative to Gender Identity and the Principles for Ensuring Safe and Supportive Learning Environments for LGBTQ Students. The Commission is grateful to DESE for its leadership on these issues, the support of key staff, and the annual Commissioner’s communication to school administrators. The Commission also thanks DESE for providing space and support for Safe Schools Program and Commission personnel.

Part of the MOU includes annual meetings with the DESE Commissioner and presentations every other year to the Board of Elementary and Secondary Education. The Commission had its first meeting with Commissioner Jeffrey C. Riley in the summer of 2018, which proved very productive in introducing the Commissioner to the Commission and Safe Schools Program and identifying shared priorities. Since then, Commissioner Riley has continued to support the Commission and Program, including by sending out the annual Commissioner’s letter to schools explaining the Safe Schools Program’s services. The Commission is enthusiastic and grateful to have the continued support of DESE under Commissioner Riley’s leadership. The Commission met with Commissioner Riley and DESE staff in March 2020, and planned for the Commission and Safe Schools Program to give its biannual presentation to the Board of Elementary and Secondary Education in the fall of 2020.

The Commission is particularly appreciative of DESE’s leadership on behalf of transgender and gender-nonconforming students. In spring 2016, DESE updated the student information management system (SIMS) student gender identity data element to include Non-Binary (to indicate that a student does not identify as just female or male). Massachusetts also continues to collect information on gender identity and gender expression through the Massachusetts Youth Risk Behavior Survey (MYRBS) and supports the continued inclusion of questions on gender identity, gender expression, and transgender students on the MYRBS and the School Health Profiles. The Commission encourages DESE to continue collaborating to further grow and analyze data relevant to sexual minority and particular gender identity minority students, and hopes to continue having access to this data to drive its policy recommendations and programmatic work.

“I'd like more supports in schools. LGBTQ bullying is still prominent in schools, even if there are GSA groups in schools.”

*– High school student, North Shore region*

**EXPANDED RECOMMENDATIONS**

**1. Continue collaboration with the Commission with respect to the Safe Schools Program for LGBTQ Students and programs in special education, early education, adult education, sexual health, after school programming, curriculum, homeless assistance, family engagement, student leadership, student discipline, and the Safe and Supportive Schools Commission.**

LGBTQ students and families need safe and supportive learning environments both in and out of the classroom. LGBTQ students may have unique needs based on race, ethnicity, age, disability, experiences of trauma, and more. By leveraging the resources of the Safe Schools Program, DESE has begun to address the needs of these young people by incorporating LGBTQ topics in statewide and regional trainings. The Commission recommends that DESE continue to integrate resources and personnel from the Safe Schools Program into programmatic work in these areas to maximize the opportunities provided for LGBTQ students and families. The GSA Leadership Council also helps inform the State Student Advisory Council (SSAC) appointment of a student member to the Safe and Supportive Schools Commission.

“I'd like to see more education in schools about what LGBTQ+ means, especially in regards to gender identity. I've seen and heard so many awful stories of bullying in schools if you identify as anything other than cisgender, and I think education could be a starting point to less bullying and more tolerance.”

*– Youth, Central Massachusetts*

**2. Explore ways to increase data relating to sexual orientation, gender identity, and gender expression.**

Massachusetts has made great progress at increasing data on sexual orientation, gender identity, and gender expression (SOGIE) which respect to its student population. For example, such measures are now included in the MYRBS. The Commission encourages DESE to continue exploring how to increase SOGIE data and thus better understand the needs and opportunities to serve LGBTQ students. For example, the Commission is very interested in how LGBTQ students are affected by school disciplinary measures, but SOGIE data is not currently being collected aside from a student’s gender. Learning how to effectively and safely collect this data could shine new light on whether LGBTQ students face disparities with respect to discipline, as seems likely given other available data points on student behaviors and systems involvement.

Another area in which members of the Commission have expressed interest is data relating to SOGIE status and school performance. Massachusetts law requires DESE to develop a student survey on school climate to be administered at least once every four years assessing the prevalence, nature, and severity of bullying in schools. As DESE has begun to administer this survey, the Commission encourages DESE to include more age-appropriate questions that ask if students observe bullying at one’s school on the basis of SOGIE and whether students themselves experience bullying based on their real or perceived SOGIE status. Additionally, DESE notes that important data on LGBTQ status and bullying is already available through the MYRBS. DESE has expressed continued interest in considering and discussing how to best help schools, districts, and the state collect and share information that will be helpful and not potentially harmful to students. The Commission appreciates these concerns and interests and looks forward to further discussing the issue in FY 2021.

Finally, the Commission is very pleased to see DESE offer students the chance to use a nonbinary marker in school records systems. This is important both on the micro level, in which individual students have their identities recognized and affirmed, and potentially the macro level, as the statewide data could be useful. However, the usage among students has been much lower than the number who self-identify as gender nonbinary in other instruments. The Commission will continue to support DESE in helping to ensure that students who wish to are comfortable using the nonbinary marker.

*“*I want to see LGBTQ relationships and lifestyles incorporated and accepted in curriculum and school environments so that the school culture can be more open to students who are not straight, white, and cis. As an open trans woman in high school, I often feel alienated by the lack of awareness or sympathy among school staff.”

*– High school student, GSA Student Leadership Council*

**3. Ensure LGBTQ inclusivity of all curriculum initiatives, including curriculum frameworks, model curriculum units, and supplementary curricular materials.**

Existing curricula often fail to reflect LGBTQ people. DESE’s regulation, *Access to Equal Educational Opportunity Regulations for the Student Anti-discrimination Law and Principles for Ensuring Safe and Supportive Learning Environments for LGBTQ Students*, indicates that curricula shall encourage respect for the human and civil rights of all individuals, including LGBTQ individuals. It states: “Research shows that inclusion of LGBTQ topics in curricula corresponds to all students reporting that they feel safer in school, regardless of sexual orientation or gender identity. Curricula should reflect issues of sexual orientation and gender identity, as relevant, to be inclusive across subject areas, including, but not limited to, health, social science, language arts, and family life curricula.”[[487]](#endnote-487) The Commission appreciates the work that DESE has done in advancing the LGBTQ-inclusive curriculum materials that they have developed in partnership, and hopes that more materials will become available in FY 2021. The Commission recommends, however, that DESE take more active steps in promoting the LGBTQ-inclusive curriculum materials that are currently available to ensure they reach as many educators and students as possible.

“The Stonewall Riot [may not] be taught well in school, as it usually depicts gay, white people who protested against police brutality. It ignores other LGBTQIA+ groups and people of color, misrepresenting those who contributed to making sure the LGBTQIA+ community is more accepted today.”

*– High school student, Boston*

The Commission also appreciates DESE including its staff and consultants in the comprehensive health curriculum frameworks revision process. The Commission believes that the work done so far is promising in terms of its LGBTQ inclusivity, and urges DESE to continue working to ensure that sexual health education is comprehensive, evidence-based, and LGBTQ-inclusive. Making such education available to every student in the Commonwealth is a major priority of the Commission, as identified in the core recommendations above. The Commission also appreciates DESE’s effort to maintain sexual health education and programming in schools despite some funding cuts at the federal level under the current federal administration and encourages the Department to continue seeking funding to do this important work.

*“*Schools should encourage and seek out collaboration between GSAs and/or interested students and faculty, specifically principals, vice principals, guidance counselors, and health teachers. Students in specific schools know best what that individual school lacks or excels at. I received a fantastic intersectional health education because of my school's close line of communication between the GSA and PE department (regarding language, concepts related to health that aren't present, etc.). This relationship and regular communication with other departments, specifically in charge of discipline and mental health and guidance, would be beneficial.”

*– High school student, GSA Leadership Council*

**4. Develop and model strategies for school districts to recruit and retain a diverse workforce that includes diversity in gender identity and sexual orientation.**

DESE’s policy on LGBTQ students states, in part: “Schools are encouraged to have a diverse workforce. In order to provide authentic role models for all students, schools are encouraged to have diverse staff who reflect the protected categories in the Student Anti-discrimination Law, including gender identity and sexual orientation… [I]t is important that school systems have work environments where openly LGBTQ staff members feel safe, supported, and valued.” In addition to ensuring that non-LGBTQ educators and staff are culturally competent in LGBTQ issues, the Commission also recommends that DESE state clearly its commitment to foster a diverse workforce by supporting and valuing LGBTQ educators who are open about their identities, collecting relevant data and best practices, determining areas to focus attention and resources, and modifying the Educator Licensure And Renewal (ELAR) system to include a nonbinary gender marker. The Commission would also appreciate support in sharing the guidance it has issued on making workplaces more inclusive of diverse gender identities, as noted in the core recommendations for FY 2021.

“[There has been] Retaliatory practices against teachers by administrators after voicing concerns about LGBTQ issues in the workplace. Increased emphasis on action oriented implementation of policy as opposed to simply stating a policy in regard to LGBTQ discriminatory issues in the workplace. “

*– Educator, Greater Boston area*

*“*It’d be great if schools connected students with staff who understand/share similar experiences and encourage staff to ask for feedback from different demographics. Schools should include LGBTQ+ people in ‘regular’ classes. They shouldn't be forced to go to a separate class to learn about themselves.”

*– High school student, GSA Student Leadership Council*

**5.** **Partner with the Commission to better understand and meet the needs of LGBTQ students of color.**

The Commission recommends that DESE investigate how LGBTQ students of color are affected by policies and practices that create barriers to a safe and successful learning experience and develop trauma-informed strategies and interventions to address these barriers. The Commission has been particularly concerned with the impact of the school-to-prison pipeline on LGBTQ students of color, and notes that DESE’s policy on LGBTQ students calls on schools to examine how LGBTQ students are affected by related factors like disciplinary action and involvement in the juvenile justice system.[[488]](#endnote-488) As the Commission carries out its own work on racial justice throughout the 2020 calendar year and beyond, it looks forward to continuing this discussion with DESE, including how our shared findings on the needs of students of color should impact Safe Schools Program delivery; for example, the Commission looks forward to discussing together how to positively impact more students of color through the Safe Schools Program.

*“*We need more easily accessible resources and support for minorities in general that are more capable of handling day to day life and even more specific issues other than academic support.”

*– High school student, GSA Student Leadership Council*

**6. Work with DESE to build more internal and district-level capacity for trainings and professional development in LGBQ competency.**

The Commission is immensely proud of its partnership with DESE through the Safe Schools Program and all of the work, trainings, and education the Program has provided to educators and staff. The Commission also recognizes that it has both limited resources and a desire to expand its programming generally. The Commission hopes to work with DESE to develop more internal capacity for the Department and individual school districts to carry out LGBTQ competency trainings and other professional development around LGBTQ issues.

## Department of Higher Education

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**FY 2021 RECOMMENDATIONS**

1. **Encourage public and private higher education institutions to enact anti-discrimination policies and best practices that include sex, gender identity, gender expression, and sexual orientation.**
2. **Continue to support quantitative and qualitative data collection measures within the public higher education system to address potential inequities in sexual violence occurrence among LGBTQ students versus their non-LGBTQ counterparts.**

*“*Massachusetts is one of the safest places in the country for queer and trans youth like me. I noticed this in my college search—that the campuses I realized I would feel the safest at were in Massachusetts.”

*– High school student, Central Massachusetts*

**BACKGROUND & RESEARCH**

The Department of Higher Education (DHE) offers vital educational opportunities to nearly 300,000 students at fifteen community colleges, nine state universities, and the five campuses of the University of Massachusetts. DHE seeks to provide accessible and relevant programs that meet the changing individual and societal needs for education and employment in the Commonwealth. The Commission began meeting with DHE in 2013 to promote inclusive and welcoming campus climates and to improve educational outcomes for LGBTQ students at the collegiate level. Through our work together, DHE has ensured that state campuses consider LGBTQ identities in model guidance and best practices, has updated its campus safety and violence prevention regulations, and has committed to ensuring the protection of LGBTQ students and students of color.

While there is limited information regarding the experience and outcomes of LGBTQ students in public university and college campuses across the country, including in Massachusetts, national research suggests that LGBTQ college students face barriers to access and achievement in higher education programs. Despite the existence of inclusive anti-discrimination policies at some institutions, many LGBTQ students and staff members face harassment or feel pressured to hide their sexual orientation or gender identity on campus. Indeed, the harassment and discrimination that many LGBTQ high school students experience continues beyond secondary school and into higher education. A report by Campus Pride, an organization that rates universities and colleges based on LGBTQ inclusion, indicates that LGBTQ individuals are significantly more likely to experience harassment on campus compared to their non-LGBTQ peers.[[489]](#endnote-489) Harassment based on sexual orientation or gender identity may also intersect with racial bias, resulting in even higher levels of harassment for LGBTQ students of color in higher educational settings.[[490]](#endnote-490) Four of Massachusetts’ 29 public colleges and universities are listed on the national Campus Pride index, where Salem State University[[491]](#endnote-491) and UMass Dartmouth[[492]](#endnote-492) both earned a three-star rating, Bridgewater State University[[493]](#endnote-493) earned a four-star rating, and UMass Amherst[[494]](#endnote-494) earned a five-star rating. The Campus Pride Index issues each campus a rating out of five stars that are determined by the existence of and commitment to forms of LGBTQ student inclusion, such as inclusion policies, institutional support, academic life, housing and residence life, student life, campus safety, counseling and health, and LGBTQ recruitment and retention efforts.[[495]](#endnote-495)

Stress and concerns induced by anti-LGBTQ campus climate, whether through lack of support or targeted acts of hate, can interfere with the education of LGBTQ students. The Commission surveyed students and campus professionals in 2015 and found that LGBTQ college students are more likely to consider withdrawing from their institution and more likely to fear for their physical safety on campus than their non-LGBTQ peers. Additionally, LGBTQ students often feel that their public college or university does not provide adequate resources on LGBTQ issues or respond appropriately to incidents of harassment on campus. The Commission is particularly concerned that this is the reality on some public campuses, especially at community colleges where limited resources exist for student services.

Finally, the sexual violence that is pervasive on college campuses across the country affects LGBTQ students at disproportionate rates. For instance, a survey of Minnesota college students found that 12 percent of bisexual students, 7 percent of gay and lesbian students, and 3.3 percent of heterosexual students reported a sexual assault in the past year.[[496]](#endnote-496) The same study found that 47 percent of bisexual college students, 33 percent of gay and lesbian students, and 17 percent of heterosexual students reported one or more incidents of sexual assault in their lifetime.[[497]](#endnote-497) LGBTQ students are already more likely to begin higher education having been exposed to unwanted sexual contact, with 21.8% LGBTQ students in Massachusetts reporting such an experience compared to 7.4% of their non-LGBTQ peers.[[498]](#endnote-498)

LGBTQ students interact with every facet of the higher education system. Best practices in policies related to housing, bias incident reporting protocols, health services, health insurance plans, and changing identity documents are increasingly addressing LGBTQ student needs on campuses nationwide. The Commission is eager to work with DHE to ensure that our public campuses have access to the resources they need to develop the internal policies, procedures, and best practices necessary for our campuses to exceed national standards for LGBTQ student support.

“It is mostly accepted and comforting, but going to a small university, there are some stifling situations where many people choose to be closeted. I would like more visibility of LGBTQ+ inclusion as many areas are inclusive yet some individuals who are new to the area for college still hold prejudices.”

*– College Student, Greater Boston*

**EXPANDED RECOMMENDATIONS**

1. **Encourage public and private higher education institutions to enact anti-discrimination policies and best practices that include sex, gender identity, gender expression, and sexual orientation.**

As with younger students, scholars in higher education programs do best when their classrooms and campuses offer a safe and supportive climate free from violence, discrimination, or harassment. DHE is uniquely positioned to support institutions in establishing policies and guidance that provide campus professionals with the tools they need to support LGBTQ young people.

“Funding and change of codes/regulations/policies to force MA state universities to create more gender neutral bathrooms across the Commonwealth’s entire public higher ed system, including in residence halls.”

*– Queer educator working in higher education, Central MA*

1. **Continue to support quantitative and qualitative data collection measures within the public higher education system to address potential inequities in sexual violence occurrence among LGBTQ students versus their non-LGBTQ counterparts.**

National data indicate that sexual violence continues to have a disproportionate impact on LGBTQ students.30 The Commission urges DHE to continue supporting data collection that allows Massachusetts institutions to identify disparities on their campuses and to develop inclusive policy and programmatic solutions to end them. The Commission recommends that DHE work with colleges and universities to conduct comprehensive campus climate surveys.

“More support is needed for first-generation LGBTQ college students of color and those that may be victims/survivors of trauma.

- *Youth of Color, Greater Boston*

# Executive Office of Health and Human Services Recommendationsimage1.jpg

In FY 2017, the Executive Office of Health and Human Services (EOHHS) formed an interagency committee on LGBTQ youth issues co-chaired by the Commission. The Commission appreciates the frequent and thoughtful collaboration with staff of the Office of Children, Youth and Families, which has resulted in EOHHS taking a coordinated and collaborative approach to addressing the recommendations presented by the Commission to EOHHS agencies.

The EOHHS interagency committee, which the Commission hopes will be a model for other executive offices, is comprised of representatives from each of the relevant EOHHS agencies. These representatives have met regularly since the end of FY 2017 to discuss their individual recommendations from the Commission, the many commonalities, and how they can best work together to effectively and efficiently achieve goals related to LGBTQ youth.

This interagency effort reached a major milestone in November 2019 when an LGBTQ inclusion training resource being developed by the group received the input and feedback of every agency in the secretariat. This resource is a product of the Commission, through a collaboration with EOHHS, which offers a curriculum for agencies to use in training their staff, contractors, and providers in the importance of LGBTQ inclusion. Since the product was finalized, the Commission, EOHHS, and several of its agencies have worked to arrange both in-person and (in the wake of the COVID-19 pandemic) online trainings; the feedback thus far has been overwhelmingly positive, and the Commission is using this feedback to create a version of the training resource that could be used as an online training open to all state employees. The Commission appreciates EOHHS’s assistance in exploring this possibility.

The Commission encourages EOHHS to work with its agencies to create comprehensive LGBTQ inclusion policies, which some agencies have already published or drafted, as well as to consider if EOHHS-wide policies would be appropriate. This could include goals around increasing SOGIE data collection, which has been another discussion point of the interagency committee.

## Department of Children and Families

**FY 2021 RECOMMENDATIONS**

1. **Adopt a comprehensive LGBTQ policy, or publish a plan outlining how LGBTQ issues will be comprehensively addressed through various policies.**
2. **Improve healthcare access for transgender and gender-nonconforming youth.**
3. **Create and implement a plan to ensure regular distribution of the agency’s LGBTQ Guide to staff, parents, guardians, and (as appropriate) youth.**
4. **Identify LGBTQ-friendly foster placements, hotline homes, and residential facilities in every region across the Commonwealth, and store this information in a manner easily accessible to DCF workers, while maintaining appropriate levels of privacy.**
5. **Expand training programs to all workers and supervisors on issues that affect LGBTQ youth and young adults, while continuing participation in the EOHHS interagency training development, and explore potential uses of that training.**
6. **Ensure revised foster family training is consistently provided by trained presenters, and update training materials for participants.**
7. **Improve and publish newly gathered data on sexual orientation and gender identity and explore its implications for DCF.**
8. **Explore the role that Family Resource Centers could play in addressing familial rejection and acceptance of LGBTQ youth.**
9. **Ensure the provision of comprehensive, youth-directed transition support for LGBTQ and all young adults aging out of the foster care system.**

**BACKGROUND AND RESEARCH**

The Department of Children and Families (DCF) is the state agency tasked with ensuring the safety of chilimage36.pngdren in their homes of origin, managing the foster care system for children who cannot remain in those families, and overseeing the placement of these children into permanent homes (e.g. through adoption) when possible.

Due to a combination of factors, including the family rejection faced by LGBTQ youth (as described in this report’s research section on homelessness above), there is reason to believe that LGBTQ youth may be more likely than others to be involved in DCF care, and there is research to confirm that they have specific needs. Researchers estimate that LGBTQ youth are 7 times more likely to end up in foster care than heterosexual youth.[[499]](#endnote-499) A study conducted on the foster care system in Los Angeles found that 19 percent of youth in the foster system were LGBTQ—a percentage significantly higher than estimates of LGBTQ youth in the general population.[[500]](#endnote-500) While 50 percent of LGBTQ youth generally report negative reactions upon coming out to their families, and 26 percent report being kicked out of their home by a family member,[[501]](#endnote-501) foster homes may unfortunately not be safer. A survey of LGB youth in New York City foster homes demonstrated that more than half (56%) of LGB adolescents in the city’s foster homes had stayed in the streets for at least one night because they felt unsafe in their foster home.[[502]](#endnote-502) Additionally, LGBTQ youth are more at-risk once released from foster care; one study found that after emancipation, between 12% and 36% of LGBTQ youth who age out of foster care experience at least one episode of homelessness.[[503]](#endnote-503)

Since 2005, DCF has had an internal LGBTQ liaison program, with representation from nearly every area office across the state. These liaisons are DCF workers who voluntarily serve as a resource for their colleagues and area supervisors in order to address the needs of LGBTQ youth. Through the liaisons, DCF has created an LGBTQ guide for social workers, foster parents, and other adults working with LGBTQ young people in DCF care and has created an infrastructure for data collection on sexual orientation and gender identity. The chair of the state liaison program, DCF employee Effie Molina, was honored by the Commission with an Advancing Equity Award in March 2018 for her work on behalf of LGBTQ youth who are impacted by the DCF system.

The Commission believes that the plans put forth by DCF liaisons represent important progress toward a Commonwealth in which all LGBTQ youth have access to supportive adults and affirming homes. The Commission urges DCF to fully implement this work, in order to best serve LGBTQ young people and to meet the goals set in the DCF Diversity and Strategic Plans.

In March 2020, Commissioner Linda Spears generously agreed to meet with Commission representatives to discuss their policy recommendations for DCF. The COVID-19 emergency declaration was issued by Governor Baker just two days before that meeting was scheduled to take place, forcing the postponement of the meeting. The Commission looks forward to meeting with Commissioner Spears once the emergency has ended.

"We wanted to foster or adopt because we know there is such a need for transgender and gender-nonconforming youth in the system. What was really important to me as a trans person was finding an adoption agency to work with that understood my identity, where it wouldn't be an issue. During my home study, the process took a turn to focus solely on my identity. I was asked questions about what kind of surgery I had had. In the home study document that goes out to everyone… [i]t talks nothing about who I am. It's not strength-based. It felt like my social worker was asking a lot of questions just to satisfy her own curiosity and it caused us a lot of stress. Later, during our disclosure meeting, someone else asked if we would force our child to be transgender or gender-nonconforming – and it was like, would you ever ask a cisgender person if they would force their kid to be cisgender?"

*– Pre-adoptive parent*

**EXPANDED RECOMMENDATIONS**

**1. Adopt a comprehensive LGBTQ policy, or publish a plan outlining how LGBTQ issues will be comprehensively addressed through various policies.**

The Commission has recommended over the past several years that DCF adopt a comprehensive policy on LGBTQ youth issues. This has been consistent with the Commission’s recommendations to other agencies, as it believes that a stand-alone policy is the most transparent, accessible, and feasible option available. Previous drafts of such a policy have been vetted by many individuals from within and outside of the agency to ensure their inclusiveness of a wide variety of LGBTQ issues. However, DCF has indicated its preference to address LGBTQ issues through a variety of policies that each take on a particular issue area. For example, a new policy on runaway youth has a section on LGBTQ youth, and DCF is working on a gender-affirming care policy for transgender and gender-nonconforming youth.

In lieu of a comprehensive policy, the Commission recommends that DCF produce a plan outlining which LGBTQ issues it believes need to be addressed through policy change or other actions, and how it intends to accomplish those goals. This will allow for vetting of and collaboration on the plan as well as the individual components therein. It will also ensure that there is transparency and awareness around this work, and that policy changes are not issued one by one without stakeholders knowing or understanding. The Commission would be happy to assist in creating and sharing such a plan. DCF indicates that it is working on a statement of values to guide LGBTQ policies. A strong statement of values would be a good start in developing a long-term plan as the Commission recommends.

**2. Improve healthcare access for transgender and gender-nonconforming youth.**

One issue that could be included in a comprehensive policy but that DCF is currently pursuing as a stand-alone measure is guidance around gender-affirming care for transgender and gender-nonconforming youth in their care. As of March 2020, this policy was to be presented to the union for review, but this process was delayed until at least June 2020 in the wake of the COVID-19 pandemic. The Commission hopes for the final policy to be as low-barrier as possible so that youth are not delayed in receiving lifesaving, gender-affirming treatment. The Commission believes that court orders should be required very sparingly for gender-affirming care, as the care itself is so critical for the health and wellbeing of these youth. Finally, the Commission believes that the policy should be centered on the principle that access to gender-affirming care is a fundamental right for youth who desire it. The Commission supports the detailed recommendations authored by the GLBTQ Legal Advocates and Defenders (GLAD) on how to improve the draft policy and encourages DCF to consider these recommendations as it moves forward.

The Commission has also recommended that DCF look into what can be done for youth in areas where there are few transgender-affirming providers to ensure that these youth have equitable access to treatment. For example, under the current draft of the policy, youth are required to utilize therapy before accessing hormone treatment. This might pose a significant challenge to youth in regions of the state in which there are few transgender-affirming providers, and even fewer who are taking new clients and accepting insurance. Additionally, some youth may encounter a provider who is not transgender-affirming, which can be a traumatic and damaging experience for transgender youth, resulting in the opposite of the intended effect with respect to mental health. That also may result in some youth declining to pursue hormone treatment or being denied that recommendation from a provider. The Commission recommends that DCF provide strong guidance when the policy is implemented to ensure that knowledgeable, competent, and affirming providers are assessing the needs of transgender youth. The Commission appreciates having had the opportunity to review and discuss the policy and looks forward to seeing a policy implemented.

**3. Create and implement a plan to ensure regular distribution of the agency’s LGBTQ Guide to staff, parents, guardians, and (as appropriate) youth.**

In 2015, DCF released “LGBTQ: A guide for working with Youth and Families.”[[504]](#endnote-504) This document provides a wealth of information including scripts for discussing gender identity, statistics, laws, and resources, and has already begun to be used as a potential model in other states. DCF has made progress in posting this on their website and intranet so that it is available for those who look for it online. The Commission believes that the next step is to create a plan to ensure it is regularly provided to staff, parents, and guardians; it also should be offered to youth whenever possible. Some examples of when the guide should be provided are at new and continuing staff trainings, MAPP trainings for parents and guardians, and families when seeking to reunify with their child. DCF has indicated their interest in developing such a plan, as well as ensuring that physical copies are available at office locations. Because data on LGBTQ-identified parents and youth is currently very limited, it is all the more important that the guide is prominently available and actively provided at every opportunity, since it is unknown who will benefit most from the guidance.

Finally, the Commission has also noted that DCF should consider updating the guide soon, especially as progress is made on issues such as the gender-affirming healthcare access policy that will be important for staff and families to easily reference. Especially given DCF’s preference to implement a series of LGBTQ-related policies, rather than a comprehensive policy, it is key that such policies be regularly noted and explained in the LGBTQ guide.

**4. Identify LGBTQ-friendly foster placements, hotline homes, and residential facilities in every region across the Commonwealth, and store this information in a manner easily accessible to DCF workers, while maintaining appropriate levels of privacy.**

DCF’s own diversity plans had, from 2013 to 2019, mandated that area offices collect data on LGBTQ-friendly foster home settings, but this policy was never implemented. The Commission was surprised to learn in the fall of 2019 that this goal had been removed from the new diversity plan, even though it had yet to be realized. The previous plan had stated: “Each Area Office will identify current foster homes that would be welcoming and affirming to adolescents and children who are gay, lesbian, bisexual, transgender, gender non-conforming and questioning. A list of LGBTQ safe homes will be managed and kept updated by the Area Program Manager overseeing Family Resource. A copy of the list will be provided to the Diversity Officer on a semi-annual basis and made available to the LGBTQ State Chair and LGBTQ Regional Coordinator.” The Commission has heard from community members who say that they have offered up their homes as foster parents with LGBTQ cultural competency, and have never received a call with a placement - despite the high number of LGBTQ youth in foster care and the problems they encounter when placed in a home that is not LGBTQ-affirming.

The Commission has appreciated the efforts made by some area offices as well as by individual employees to track affirming families with various degrees of formality. DCF informs the Commission that they are supportive of these local efforts, which the Commission believes will be key in ensuring their long-term success and scalability. DCF also states that it agrees with the need for more affirming homes, while working on the longer-term goal of making all homes safe and welcoming of LGBTQ youth.

DCF also notes that making further progress on this objective will require both IT updates to their system as well as negotiation with the employee union. It is the Commission’s understanding that the union is supportive of this goal and so the Commission looks forward to hearing on progress made towards this goal in FY 2021. The Commission also encourages DCF to add this goal back to their diversity plan in its next iteration.

**5.** **Expand training programs to all workers and supervisors on issues that affect LGBTQ youth and young adults, while continuing participation in the EOHHS interagency training development, and explore potential uses of that training.**

DCF regulation (110 CMR 7.104) requires that licensed foster and adoptive homes be able to nurture children, “including supporting and respecting a child’s sexual orientation or gender identity.” DCF has begun to partner with local providers to offer training, but so far has not provided a larger framework to make such training efforts sustainable over time or to enable more permanent culture change. The Commission has heard that LGBTQ training, especially with respect to transgender and gender-nonconforming youth, would be highly beneficial for DCF’s staff to receive on a universal level. DCF is eligible, as a Title IV-E agency, to assess resources from the federal government to provide training to caseworkers on LGBTQ competency. The Commission encourages DCF to learn more about opportunities to access these federal funds. Additionally, LGBTQ content could be offered at monthly staff meetings. The Commission has heard from LGBTQ liaisons that some in-service trainings have been offered in a few offices, and these could prove to be an example for what was successful and what needed improvement to utilize this option (or an alternative) more broadly. The Commission also attended a spring 2019 gender identity training that was offered through a joint effort of DYS, DCF, schools, and specialized foster care agencies; this well-attended event could be replicated in other areas as a way of training both DCF staff and provider agencies.

The Commission is currently partnering with DCF’s training office and LGBTQ liaisons to design a two-part training that would include a version of the training the Commission developed with EOHHS agencies, including DCF, that serves as an introduction to LGBTQ issues, as well as a higher-level training on transgender and nonbinary youth in particular. The Commission is hoping that these trainings can be made available in every region (either in-person or virtually, if need be due to ongoing concerns related to the COVID-19 pandemic). The Commission looks forward to working with DCF to plan and schedule this content for the first half of FY 2021.

**6. Ensure revised foster family training is consistently provided by trained presenters, and update training materials for participants.**

Two years ago, DCF revised their MAPP training for foster families, updating the training to bring it in line with their most recent LGBTQ inclusive best practices. This updated training corrects many of the outdated material in the old training, which was not based on best practices and which many trainers and trainees found inappropriate. The Commission thanks DCF for updating the trainer’s version of the materials and encourages it to work on ensuring that the trainers themselves are trained on how to present the material. Furthermore, the Commission understands that the materials received by trainees have not been updated to reflect the changes made to the curriculum. Such changes are necessary to ensure that the improved training has its intended effect. DCF has committed to updating the materials and will provide a timeline to the Commission when possible.

“[During the LGBTQ portion of our MAPP training], there was a couple in front of us, and the husband said, “Why are we talking about these things?” And the wife said, “Don’t worry. We won’t get a child like that.”... [But] my biggest concern going through MAPP class was unintended comments made by some of the social workers. When we had the sexual assault component and talked about different experiences children might have had, in the case of one social worker in particular, every single example he gave involved two gay men. I don’t think he was intending to do that, but you need to be cognizant of bias when you’re speaking.”

*– Foster Parent, Western Massachusetts*

**7. Improve and publish data on sexual orientation and gender identity and explore its implications for DCF service delivery.**

From late 2017 to early 2018, DCF implemented questions into its system on sexual orientation and gender identity and provided some instruction on how to ask these questions. The Commission has heard concerns about the data collection system, principally that a “gender” field is available, but the options are “male,” “female,” or “intersex.” This has resulted in staff confusion as these labels are applicable to sex rather than gender, and “intersex” is sometimes being selected for transgender youth. There are also other problems, such as birth sex instead of gender identity being used to populate other sections and binary labels like “mother” and “father” being used in place of a neutral “parent” label. It is clear that in addition to the fields needing to be corrected, staff also need training, especially as there are reports that staff are now especially confused following the problems with the “gender” field as it currently stands. Therefore, while the Commission believes that ultimately data on gender identity will be very useful in identifying needs and disparities—and should be made public—there are significant doubts as to the reliability of the data as it currently stands.

DCF advises the Commission that data fields for sex assigned at birth, gender identity, and sexual orientation have been built, and that a data working group has been convened. DCF also notes that making the fields mandatory would require union negotiation; the Commission understands that the union supports the collection of SOGI data.

The need for DCF’s leadership on this issue was made even stronger in May 2020, when the Trump administration – in a move to invisibilize LGBTQ youth and their needs – removed the sexual orientation field from the Adoption and Foster Care Analysis and Reporting System (AFCARS).[[505]](#endnote-505) The Commission joined several advocacy and community organizations in calling for DCF, the legislature, and the Governor to undue the harm done by the Trump administration and to ensure that SOGI data will be collected, analyzed, and acted upon throughout the child welfare system.[[506]](#endnote-506)

**8. Explore the role that Family Resource Centers could play in addressing familial rejection and acceptance of LGBTQ youth.**

DCF supports a Family Resource Center (FRC) in each county in Massachusetts to offer skills-building opportunities, social support, and resource navigation for all families who need these services.[[507]](#endnote-507) As the Commission works on expanding opportunities for families to better understand the importance of accepting LGBTQ youth, and the harms of practicing rejecting behaviors, the FRCs could be powerful partners. DCF has expressed its interest in exploring this collaborative opportunity, and the Commission looks forward to learning from and supporting the FRCs however possible in the year ahead.

**9. Ensure the provision of comprehensive, youth-directed transition support for LGBTQ and all young adults aging out of the foster care system.**

DCF has extended foster care services to support young adults up to age 22 in order to encourage a successful transition out of the foster care system. However, aging out of foster care remains one of the primary drivers of youth homelessness, with one Massachusetts study finding that 34% of young adults who spent time in foster care had experienced homelessness in the past two years.[[508]](#endnote-508) Developing comprehensive and youth-directed transition plans will ensure that young people are well prepared for their lives after DCF, which is an upstream intervention to reduce homelessness among the LGBTQ population, given the disproportionate number of LGBTQ youth who are believed to be part of the child welfare system. Youth-directed transition plans are key, as research indicates that encouraging young people to be actively engaged in planning for their futures allows them to practice vital decision-making skills that will be needed throughout their lives. Youth in foster care may feel as though they have had little control over the direction of their lives, but a youth-directed approach to transition planning allows for a greater sense of agency. Youth-directed approaches to future planning have been shown to reduce dangerous behaviors and improve overall outcomes.[[509]](#endnote-509) This is especially relevant for LGBTQ youth as youth-directed plans will ensure that their unique needs and goals are being accounted for during the transition process.

There needs to be a general policy overhaul that examines public policy, admissions processes, legal implications, and basic minimum standards for organizations put in place on a macro level. For example, changing language on intake and admission forms for schools and programs. Some programs offer options to identify as trans or non-binary, but these seem addressed with a "when we get around to it" attitude. Standardized forms across the state that allow individuals to self identify should be mandatory.

*– Parent of LGBTQ Youth, Educator, and Service Provider, Central MA*

“Our child identifies as a boy who likes to wear dresses. His interests include dolls and fingernail polish. He says, 'I'm a boy and I like to do girl things.' His experiences haven't been so great with providers in the DCF system. People have not allowed him to wear dresses or have told him 'that's not right, boys don't do that.' When he moved into our home we bought him new dresses. On the first day of school he got all dressed up with sandals. Then, while waiting for the bus, he said at the last minute, 'I can't do this.' He doesn't have self-confidence because he's been bullied and teased - and often by adults, not the kids. We've had two in-home therapists who have talked about building self-esteem, and we've asked how they will take race and gender identity into account, because that's part of it. They just gloss over that and don't see them as important parts of his self-identity.”

*– Pre-Adoptive Parent*

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## Massachusetts Commission for the Blindimage5.jpg

**FY 2021 RECOMMENDATIONS**

1. **Continue offering LGBTQ competency trainings and explore how to reach the maximum number of staff, including possibly through the EOHHS interagency training initiative.**
2. **Continue advising staff on how to collect information like gender pronouns in client notes and exploring options for increasing data collection relating to sexual orientation and gender identity.**
3. **Explore connecting clients to LGBTQ-friendly resources and conducting outreach to the LGBTQ community.**

**BACKGROUND & RESEARCH**

The Massachusetts Commission for the Blind (MCB) is the principal agency in the Commonwealth that works on behalf of people of all ages who are blind. Unfortunately, limited research exists that examines the experiences of LGBTQ populations who are blind. Nevertheless, sexual and gender minority identities exist within blind communities. For example, Blind LGBT Pride International, an affiliate of the American Council of the Blind, has been operating since 1996,[[510]](#endnote-510) and convenes regular conferences.[[511]](#endnote-511)

In fiscal year 2018, MCB established a liaison to the Commission and also facilitated a meeting between Commission representatives and MCB’s Commissioner. During fiscal year 2019, MCB continued regular contact with the Commission, including through the EOHHS interagency collaboration.

MCB has worked on identifying opportunities to fully serve LGBTQ youth, including through LGBTQ-inclusive diversity planning. Further, they have conducted optional staff trainings in the 2017, 2018, and 2019 fiscal years. MCB has also worked on incorporating the collection of preferred pronouns into case notes. Future opportunities to expand their outreach and resources for LGBTQ youth could include incorporating LGBTQ information and speakers into their regular guest presentations.

**EXPANDED RECOMMENDATIONS**

1. **Continue offering LGBTQ competency trainings and explore how to reach the maximum number of staff, including possibly through the EOHHS interagency training initiative.**

MCB has offered several optional trainings on LGBTQ issues for its staff. In June 2019, MCB invited the Commission to conduct a brief “brownbag lunch” training that was attended by MCB Commissioner D’Arcangelo and staff. They also provided staff with a training on how to collect gender pronouns and LGBTQ status in client notes for clients who self-identify in this way. An LGBTQ competency training was also held in FY 2018. MCB’s liaison to the Commission has been an active part of the EOHHS interagency committee working on developing a shared training curriculum, and now that that resource is complete, MCB has expressed interest in having the Commission return to present an in-person training based on this content. The Commission looks forward to working on scheduling such a training with MCB in calendar year 2020 and to continue discussing how to make LGBTQ-related training available to MCB staff.

1. **Continue advising staff on how to collect information like preferred pronouns in client notes and exploring options for increasing data collection relating to sexual orientation and gender identity.**

MCB has made significant progress on collecting data relevant to LGBTQ clients. As noted above, MCB has trained staff on how to enter gender pronouns into a client’s case notes when that client discloses their pronouns, particularly when other staff may be likely to make an incorrect assumption. MCB has also explained to staff how they can record a client’s LGBTQ identity in case notes when a client discloses this information, so that they can be aware of potential services or issues that might benefit or impact that client as an LGBTQ person.

Additionally, MCB now allows for clients to select “other” in place of “Male” or “Female” for their gender. This is very positive for people who identify as nonbinary or otherwise do not use a Male or Female marker and is in keeping with new policy to allow a nonbinary “X” marker on state identification.

The Commission appreciates that more formal data collection on LGBTQ status – such as recording the sexual orientation and gender identity of each client – would be more challenging and require changes to their data system. The Commission recommends that MCB keep such additions in mind when future changes to the data system are being planned. The Commission also recommends that MCB consider what other agencies have done to start updating forms to be more LGBTQ-inclusive while still meeting requirements for federal reporting.

1. **Explore connecting clients to LGBTQ-friendly resources and conducting outreach to the LGBTQ community.**

The Commission and MCB have begun partnering to ensure that the Commission’s resource map is accessible to people who are blind or visually impaired. The Commission appreciates MCB’s assistance in this area to make the resource map accessible to as many people as possible. Additionally, the Commission looks forward to beginning exploring this year ways that MCB and the Commission could together conduct outreach to LGBTQ youth and young adults who are eligible for MCB services or could otherwise be connected to the agency (e.g., through internship opportunities).

## image5.jpgMassachusetts Commission for the Deaf and Hard of Hearing

**FY 2021 RECOMMENDATIONS**

1. **Review and continue to evaluate how to add to data on sexual orientation and gender identity.**
2. **Provide LGBTQ competency training opportunities to staff and providers.**
3. **Continue partnering with the Commission to share resources and information among MCDHH’s client and provider populations.**

**BACKGROUND & RESEARCH**

The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) is the principal agency in the Commonwealth that works on behalf of people of all ages who are Deaf and hard of hearing. Although there are limited data available on the intersections of LGBTQ identities with Deaf and hard of hearing communities, the available research suggests that LGBTQ Deaf and hard of hearing youth experience unique challenges. Both LGBTQ and Deaf and hard of hearing individuals experience risks for sexual violence and HIV transmission, and accurate and culturally competent sexual health information is often unavailable.[[512]](#endnote-512) Such research speaks to a likely gap in inclusive resources and education for Deaf and hard of hearing youth on sexuality and gender.

In April 2017, MCDHH issued a new nondiscrimination policy providing guidance for MCDHH staff and clients based on sexual orientation and gender identity. MCDHH has also taken steps to improve inclusivity in data systems, offer staff and provider training, and explore LGBTQ-related policy ideas. Given the dearth of data or policy on intersections of the LGBTQ and Deaf and hard of hearing communities, Massachusetts has the opportunity to be a leader in this arena, and the Commission is confident that MCDHH can do so in partnership with the Commission.

**EXPANDED RECOMMENDATIONS**

1. **Review and continue to evaluate how to add to data on sexual orientation and gender identity.**

The Commission commends MCDHH for including a new nonbinary gender marker option in its client management database, fulfilling a previous recommendation. The Commission looks forward to reviewing what data might result from this change, which was implemented in June 2019, and exploring with MCDHH how it could inform its work. The Commission also encourages MCDHH to consider how else it might implement collection and review of data related to sexual orientation and gender identity in its work.

1. **Provide LGBTQ competency training opportunities to staff and providers.**

MCDHH held an LGBTQ competency training in 2016 for staff and providers. The Commission recommends that MCDHH continue to offer such opportunities to staff and providers, including potentially utilizing the new training resource that the Commission developed in coordination with EOHHS and its agencies, including MCDHH. The Commission would be happy to provide an in-person version of this training to MCDHH staff and providers or offer MCDHH technical assistance in order to implement that material into its existing trainings.

1. **Continue partnering with the Commission to share resources and information among MCDHH’s client and provider populations.**

The Commission is grateful to MCDHH for the opportunities it has provided to share resources and information. For example, MCDHH’s liaison to the Commission assisted the Commission in being able to give a presentation on LGBTQ issues to a provider group serving people who are Deaf and Hard of Hearing. MCDHH and the Commission had also planned to co-present on LGBTQ issues at a national conference, which was unfortunately canceled due to the COVID-19 pandemic. The Commission and MCDHH have also discussed the Commission’s resource map, and the Commission looks forward to receiving any feedback MCDHH might have on how the map could be made more accessible and/or inclusive.

## Massachusetts Rehabilitation Commission

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**FY 2021 RECOMMENDATIONS**

1. **Create a comprehensive nondiscrimination and inclusion policy for LGBTQ clients.**
2. **Adopt LGBTQ-inclusive intake forms and appropriately train staff on implementation procedures.**
3. **Provide LGBTQ cultural competency training for all youth-serving staff and providers and continue working with the EOHHS interagency committee to complete a universal training and explore implementation.**
4. **Continue partnering with the Commission on implementing an LGBTQ youth outreach plan.**

“Disability services also need to be more inclusive of disabled LGBTQ people of color.”

- *Youth of Color, Greater Boston*

**BACKGROUND & RESEARCH**

The Massachusetts Rehabilitation Commission (MRC) promotes equality, empowerment, and independence of individuals with disabilities. The role filled by MRC is an important one for LGBTQ youth in Massachusetts, given that data suggest LGBTQ students are more than twice as likely to have a physical disability or long-term health problem than are their peers, and that they are also more likely to report having a long-term learning disability.[[513]](#endnote-513) A major study of adults in the state of Washington found 26% of gay men and 40% of bisexual men have a disability compared to 22% of heterosexual men, and that 36% of both lesbian and bisexual women have a disability compared to 25% of heterosexual women.[[514]](#endnote-514) These and other studies suggest that LGBTQ youth and adults may indeed experience higher rates of disability, and also face greater exclusion from state and social services due to discrimination and stigma, thus making their ability to access the services that MRC provides all the more important.

Since the Commission first issued recommendations to MRC, the agency has offered training opportunities in LGBTQ cultural competency, conducted an internal staff climate survey related to LGBTQ issues, and created an internal LGBTQ working group. MRC representatives have met regularly with Commission personnel, and an MRC liaison to the Commission, David Sykes, was honored with an Advancing Equity Award from the Commission in March 2018. MRC Commissioner Toni Wolf also met with Commission members personally in FY 2018 and had a productive conversation on MRC’s progress regarding the Commission’s recommendations.

MRC has provided multiple trainings for LGBTQ youth, including three “Trans 101” gender identity and expression trainings during 2016 in Taunton, Holyoke, and Marlboro. The trainings were led by MaeBright Group and the Massachusetts Transgender Political Coalition. These trainings included vocational counselors, job placement, and employment specialists. This series of “Trans 101” trainings also included an abridged half-day training for clerks and receptionists. Further, in 2016, MRC vocational transition counselors in the south district attended a two-hour training specific to LGBTQ youth.

**EXPANDED RECOMMENDATIONS**

1. **Create a comprehensive nondiscrimination and inclusion policy for LGBTQ clients.**

MRC has expressed interest in updating its nondiscrimination policies and perhaps crafting a comprehensive policy to support LGBTQ clients, such as the policy recently put into effect by MCDHH. The Commission strongly supports this mission and looks forward to working with MRC, including its LGBTQ+ & Allies Committee, to realize this vision.

1. **Adopt LGBTQ-inclusive intake forms and appropriately train staff on implementation procedures.**

MRC staff are currently discussing how to implement changes in their intake forms and provide inclusive training for implementation procedures with their Commissioner and federal partners. This includes considering how to add a nonbinary gender marker option to their system as they work on piloting a new eligibility unit system in Western Massachusetts. MRC staff have worked to ensure such changes would comply with requirements from the federal government and have also discussed how LGBTQ competency training for staff such as vocational counselors could maximize the success of such changes.

Recently, MRC has been discussing implementing the recommendations provided by the MaeBright Group under contract with the Commission, which detail how to make their systems more LGBTQ inclusive. The MRC LGBTQ+ & Allies Committee presented this plan to Commissioner Wolf in January 2020 and began working within the agency’s business process redesign working groups in March 2020 to implement changes. The LGBTQ+ & Allies Committee will also be working with the MRC Training Unit to ensure that the necessary training is conducted once the recommendations have been implemented. The Commission commends this progress and looks forward to supporting MRC as it works to make its application process and data collection more inclusive.

1. **Provide LGBTQ cultural competency training for all youth-serving staff and providers and continue working with the EOHHS interagency committee to complete a universal training and explore implementation.**

The Commission recommends that MRC provide LGBTQ competency training for all staff and providers who work with youth, if not all staff. MRC previously offered trainings as described above, and the LGBTQ subcommittee of its diversity committee is interested in repeating or expanding upon these sessions. MRC is evaluating how it can use the training that the Commission has developed with EOHHS, including whether it should be an e-learning or in-person training, and whether it would be mandatory or optional. The LGBTQ+ & Allies Committee has also noted that early results on a survey it conducted suggests there is considerable interest in this topic among staff. The Commission looks forward to supporting MRC in this work and hopefully providing trainings in FY 2021.

The Commission also thanks MRC and its liaison to the Commission for sending many of its staff members to a spring 2020 webinar that the Commission produced to share an online version of its interagency training. The feedback from MRC staff on this webinar was positive.

1. **Continue partnering with the Commission on implementing an LGBTQ youth outreach plan.**

The MRC LGBTQ+ & Allies Committee has finalized a plan to reach more LGBTQ youth and increase their awareness of the services MRC provides. The Commission is thankful for the opportunity to partner with MRC in this important work. The Commission and MRC have designed joint advertising materials to promote our services among LGBTQ high school students who qualify for MRC services. The two agencies have also developed a plan to disseminate these materials and raise the visibility of LGBTQ youth with disabilities. The Commission’s Statewide GSA Student Leadership Council, which is part of its Safe Schools Program, weighed in on this outreach plan at a November 2019 meeting at which members of the LGBTQ+ & Allies Committee presented. Three pathways for distribution were decided upon, including using the statewide and regional GSA councils, using the other networks available to the Commission, and delivering posters to MRC’s secondary school partners through its staff liaisons. The posters were planned for distribution before the close of the 2019-2020 school year, before the COVID-19 pandemic delayed these plans.

The LGBTQ subcommittee’s outreach work has also included participating in multiple Pride celebrations in the Commonwealth over the summer, as a way of further increasing their visibility in the LGBTQ community. The Commission commends MRC’s work in this area, which can serve as an example to other state agencies on conducting outreach to LGBTQ communities.

“There needs to be more support for autistic LGBT youth”

*– LGBTQ Youth, Greater Boston Area*

## Department of Mental Health

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**FY 2021 RECOMMENDATIONS**

1. **Finalize and disseminate the new "Prohibition of Unlawful Discrimination Including against LGBTQI Persons" policy and related guidance.**
2. **Continue facilitating trainings centered on LGBTQ competency, including with respect to youth, and explore the potential for an online training for use at DMH hospitals and other settings as appropriate.**
3. **Complete implementation of LGBTQ-inclusive data measures.**

“I am able to see LGBTQ young people for ongoing psychotherapy, but there are often significant delays and barriers to LGBTQ youth being able to access mental health services. [I] have also heard from clients originally from more rural areas of Massachusetts that there is a lack of LGBTQ-inclusive social programming and mental health services, thus youth may wait until they come to a larger urban area like Boston to access services.”

*– Provider, Greater Boston Area*

**BACKGROUND & RESEARCH**

The Department of Mental Health (DMH) provides access to services and support to meet the mental health needs of individuals of all ages, enabling them to live, work, and participate in their communities. DMH oversees several programs and initiatives that directly affect LGBTQ youth, including residential placements and the Transitional Age Youth Initiative.

Beginning in 2014 when Commissioner Fowler identified LGBTQ individuals as a population needing priority attention, DMH has consistently demonstrated leadership in its commitment to LGBTQ youth. Now under Commissioner Mikula, DMH has taken a number of steps to ensure greater support and services to LGBTQ clients across the age spectrum. DMH is currently engaged in a multi-year project to evaluate, strengthen, and advance the cultural competency and services it offers to its LGBTQ clients. In collaboration with experts in the field, DMH has already conducted several needs assessments and identified areas where its services and support are strongest and other areas where DMH needs further training and assistance. DMH has made progress on development of a nondiscrimination policy and accompanying guidance, and in training their providers on LGBTQ competency, both of which were Commission recommendations. They are also researching ways to improve LGBTQ inclusion in data collection, which is reflected in a recommendation that was first issued in FY 2019.

Although LGBTQ youth are typically well-adjusted and mentally healthy, factors such as violence, victimization, and family rejection increase their risk of needing mental health support. The Massachusetts Youth Risk Behavior Survey (MYRBS) indicates that LGBTQ youth are at significantly higher risk than their heterosexual counterparts for suicidal ideation and substance abuse; for instance, LGBTQ youth are nearly five times more likely to have attempted suicide in the past year than their peers.[[515]](#endnote-515) Recent surveys have shown that attempted suicide rates for self-identified transgender people are particularly high, with one-third reporting attempting suicide at least once in their lifetime.[[516]](#endnote-516) These statistics are even higher for youths and young adults,[[517]](#endnote-517) and these at-risk populations need the support of inclusive policies.

The Commission’s data analysis, as shared above, shows that LGBTQ youth are at increased risk for self-harm, suicidal ideation, suicide attempt, and other health risks that relate directly or indirectly to mental health. With such alarming and disproportionate risks, it is critical that mental health providers and policymakers understand what contributes to mental health problems among LGBTQ youth. Providers need to know how best to provide supportive environments and inclusive systems of care that promote positive coping mechanisms. It is vital that all mental health services, including those in drop-in programs, emergency housing programs, and long-term transitional housing programs, are trauma-informed.

“The queer youth that I work with are so smart and complex. They are often loud and lively and engaged, and at other times they are dealing with deep struggles. We have many youth that have mental health issues (PTSD, depression, anxiety). We also have a decent amount of youth who don't have many struggles and who are living affirmed and supported lives.”

*– Service Provider, Metrowest area*

**EXPANDED RECOMMENDATIONS**

1. **Finalize and disseminate the new "Prohibition of Unlawful Discrimination Including against LGBTQI Persons" policy and related guidance.**

Last year, DMH completed a draft LGBTQ nondiscrimination and inclusion policy, which is now under external review. An implementation group was formed last year to address issues with the policy and plan and execute its implementation. The Commission is happy to assist DMH as it finalizes this important work and is pleased to see that aspects of the policy – such as training, as discussed below – have begun to be implemented even before the policy has been finalized.

**2. Continue facilitating trainings centered on LGBTQ competency, including with respect to youth, and work with the EOHHS interagency committee to develop an online training for potential use.**

DMH continues to make progress on training all of its employees on LGBTQ competency. In 2018, DMH completed its trainings-of-trainers. All supervisors and managers were trained first, and community staff were trained next. The last remaining staff group to be trained are the inpatient staff, and this has proven more challenging for DMH to plan for given the need to have continuous staffing in inpatient facilities which operate across 3 shifts on a 24/7 basis, and thus a logistical issue in pulling staff for training. The Commission looks forward to providing any support it can to DMH in order to reach this final group of employees. DMH and the Commission have discussed possibly using an online version of the training, coupled with a small group discussion guide, to facilitate training small groups of employees at a time. While both the Commission and DMH recognize that in-person trainings are ideal, this alternative approach may facilitate training staff who would otherwise be unable to attend an in-person training. An adaptation of the interagency training developed by the Commission and EOHHS might be a solution, either before or after it is potentially added to the state’s employee training system. The Commission also encourages DMH to gather and analyze evaluations of its trainings and their long-term retention by staff. Finally, the Commission recommends that DMH consider how to also ensure its vendors are trained on LGBTQ competency.

“I would like to see more accessible and culturally proficient mental health and wellness providers. I would also like the young people to have access to people who will talk about puberty blockers and hormones with them in a safe way and at their pace.”

- *Youth & Educator of Color, Merrimack Valley region of Massachusetts*

**3. Complete implementation of LGBTQ-inclusive data measures.**

The Commission commends DMH for preparing to collect comprehensive sexual orientation and gender identity (SOGI) data and otherwise make their data and intake more LGBTQ-inclusive. SOGI and other LGBTQ-inclusive questions include:

* Preferred name;
* Assigned sex at birth (with options of male, female, or chose not to disclose];
* Gender identity (with options of male, female, transgender male / masculine, transgender female / feminine, nonbinary / genderqueer, choose not to disclose, and an open field for other choices;
* Pronouns (with options of the she series, he series, they series, and an open field for other choices); and
* Sexual orientation (with options of straight/heterosexual, bisexual/pansexual, queer/questioning, lesbian/gay/homosexual, choose not to disclose, other, or unknown).

The Commission looks forward to hearing from DMH as implementation occurs, as well as to reviewing what could be invaluable data in the future on LGBTQ identities among their patient population.

## Department of Public Healthimage5.jpg

**FY 2021 RECOMMENDATIONS**

1. **Collaborate with the Commission to explore how to continue improving the marketing of health services to LGBTQ youth, including using social media and dating apps most used by young people.**
2. **Expand training opportunities for staff and contracting organizations.**
3. **Finalize the sexual orientation and gender identity and expression (SOGIE) data standards, implement them, and increase dissemination of SOGIE data.**
4. **Work to expand SOGIE data collection for physicians and in electronic health records (EHRs), and to have LGBTQ cultural competency indicated on physician profiles.**
5. **Continue exploring ways to counter the effects of discrimination and advance LGBTQ inclusion.**

“It’s important as more kids are coming out as LGBTQ at a young age and there isn’t enough awareness about gay sex being unsafe, too.”

*– High school student, GSA Student Leadership Council*

**BACKGROUND AND RESEARCH**

The Commission remains grateful to the Department of Public Health (DPH) for its longstanding support of the Commission and of LGBTQ youth communities. DPH clearly recognizes the long-term health and economic benefits of public health interventions with youth. The Commission thanks DPH for providing vital administrative and operational support to the Commission, including housing its staff. The Commission encourages DPH to review its findings on the impact of COVID-19 on LGBTQ youth, presented above; as the pandemic had only just begun when the Commission met with DPH staff to discuss these recommendations, concerns relating to COVID-19 have not yet been integrated within this section.

A great deal of research over the past few decades – as detailed in the Commission’s data report and health research section above – demonstrates significant health disparities that fall under DPH’s purview. For example, a major CDC report based on data that included Massachusetts found that sexual minority students reported a higher prevalence of health risk behaviors (relative to their heterosexual peers) ranging from 49 percent to 90 percent in seven out of ten categories, including violence victimization (e.g., did not go to school because of safety concerns), suicidality (e.g., made a suicide plan), tobacco use (e.g., ever smoked cigarettes), alcohol use (e.g., binge drinking), other drug use, sexual behaviors, and weight management (e.g., use of diet pills or laxatives to lose weight).[[518]](#endnote-518) Research also shows that LGBTQ people have elevated rates of trauma,[[519]](#endnote-519) highlighting the need for trauma-informed policy and care in the Commonwealth.

DPH has long been committed to developing consistent policies and practices for working with LGBTQ populations. Notably, DPH administers the Safe Spaces for LGBTQ Youth Program, which provides critical opportunities for LGBTQ youth to find support, build resiliency, and develop leadership skills. Additionally, DPH has made LGBTQ youth a priority population in its strategic plan for smoking prevention and has provided ongoing resources through programs focused on suicide prevention and HIV. The Office of Youth and Young Adult Services (OYYAS) within the Bureau of Substance Abuse Services has implemented a plan to increase the capacity of OYYAS and its provider system to serve LGBTQ youth and young adults, and this could well serve as a model for other units at DPH. This effort included reviewing documents for inclusive language and LGBTQ specific data, exploring strategies for collecting data related to sexual orientation and gender identity, and training staff at all levels to ensure a more welcoming environment for LGBTQ youth and young adults.

The Commission also commends DPH for its work on racial justice, including the Bureau of Community Health and Prevention’s Racial Equity Initiative. The Commission had previously recommended that DPH continue to support and expand this work, given the intersectional disparities faced by LGBTQ youth of color, and is pleased to hear that such work continues.

The Commission appreciated meeting with DPH staff from several departments in March 2020 to review the annual recommendations. The LGBT Working Group of DPH prepared a detailed and thoughtful response to the Commission’s FY 2019 recommendations that helped shape the recommendations presented below, and has remained in contact and collaboration with the Commission throughout the year. The LGBT Working Group has made significant progress towards many LGBTQ-related goals and the Commission is thankful for having been invited to participate in it. Finally, the Commission is very appreciative to DPH for its ongoing support of our staff and programming, including the provision of funding as well as meeting and office space.

“It's scary to think about holding your partner’s hand in public and fearing your safety. I would like the domestic violence against LGBTQIA+ youth as they come out acknowledged.”

*– College student, Central Massachusetts*

**EXPANDED RECOMMENDATIONS**

1. **Collaborate with the Commission to explore how to continue improving the marketing of health services to LGBTQ youth, including using social media and dating apps most used by young people.**

The Commission has worked in partnership with DPH’s Office of HIV/AIDS to improve the marketing of key services and prevention messages to the LGBTQ youth. Within the past fiscal year, DPH completed guidance on using social media for promoting health and disease prevention and provided their funded organizations with this guidance. The Office of HIV/AIDS has last year launched the “Care That Fits You” campaign on healthcare access and sexual health services for queer men, and are currently in the process of re-releasing this campaign.[[520]](#endnote-520) DPH has also expanded its use and its support of grantee use of social media and dating apps to reach LGBTQ young people. The Commission has been pleased to participate in reviewing and sharing information relating to this campaign, and also hopes to see the campaign expanded to more explicitly include transgender people, particularly transgender women of color, in the future.

In concordance with the Commission’s FY 2020 recommendations, DPH in the past year created more accessible resources for HIV related services through social media. They have created locator maps using links for their partner organizations to post on their own websites, that are available both electronically or in print, where people are able to locate numerous resources such as integrated testing sites, PEP and PrEP.[[521]](#endnote-521) DPH will also be updating these maps with more sexual health services for queer men in the summer of 2020. Their goal is now to expand these resources beyond their funded programs and partnering organization to create another circle of access and to reach a broader population. DPH has asked the Commission for help in widening the population that these resources reach by continuing to share across platforms as well as give feedback, and the Commission looks forward to doing so. Additionally, the Commission also recommends that focus is placed on finding more resources for the transgender community, especially transgender women, and making these services more accessible and known within the community.

“Not only specific to LGBTQ youth, but given the known preponderance of substance use among LGBTQ youth is the concern of rising vaping/juuling use among youth. There are already webinars (both prevention and treatment oriented, like CATCH My Breath and the Truth Initiative), addiction hotlines/texting sites/etc. for generic use among youth (e.g., but few address the points of intersectionality or other SDH that may drive higher use among LGBTQ youth.”

*– Service Provider, Central Massachusetts*

1. **Expand training opportunities for staff and contracting organizations.**

DPH recently completed its review of the now-finalized LGBTQ inclusion training resource that the Commission worked on for the past three years with EOHHS. DPH was an active partner in developing this training throughout the process. The Commission appreciates this collaboration and believes that this training resource could be useful as a training for all DPH employees and providers. Many DPH offices have offered optional trainings on LGBTQ issues for providers of different types of services, and the Commission has participated in many of these. The Bureau of Substance Abuse Services (BSAS) and the Office of Youth and Young Adult Services (OYYAS) have modeled an excellent approach of staff training in LGBTQ cultural competency.

The EOHHS interagency training could be used to ensure more consistency between the various trainings offered to providers, although variation based on the specific type of provider and nature of the funding certainly remains important. This year, The DPH LGBTQ Working Group has a community engagement subgroup committed to analyzing and implementing recommendations from the Commission as well as the Commission on LGBT Aging. This subgroup could be one conduit for investigating provider training opportunities.

1. **Finalize the sexual orientation and gender identity and expression (SOGIE) data standards, implement them, and increase dissemination of SOGIE data.**

DPH has nearly finalized data standards for providers that include SOGIE measures, as was discussed in last year’s recommendation, as well as accompanying style guides on how to properly discuss SOGIE data. DPH has asked the Commission for support in the implementation of this data collection endeavor. One idea that was suggested is the creation of a field guide which could be used as a method of providing more detailed instructions to those collecting data. DPH also wants to analyze how these particular questions have changed over time and how data should be analyzed as a result. They plan to have the final draft of this data collection guidance this year.

Given the limited data on LGBTQ youth in Massachusetts and the difficulty in comparing data that is measured in different ways, the Commission is excited to see these standards implemented, as well as to see the newly-collected data analyzed and disseminated. The Commission thanks the Office of Health Equity and Office of Data Management and Outcomes Assessment for their progress on this work. The Commission believes that the standards could prove useful to other government agencies and nongovernmental agencies, particularly those who have expressed concerns about how to develop SOGIE questions and prepare staff to ask them.

The Commission also recommends that DPH analyze where and how the Department itself is collecting data on SOGIE identities, and how to ensure that as much of its data collection as possible includes these measures. For example, as discussed in the COVID-19 report above, so far Massachusetts has very limited data on how the pandemic has impacted LGBTQ individuals; this seems like an area in which DPH could assist.

1. **Work to expand SOGIE data collection for physicians and in electronic health records (EHRs), and to have LGBTQ cultural competency indicated on physician profiles.**

The Commission has begun conversations with DPH on how they can work together to expand SOGIE data collection within the medical profession, have LGBTQ cultural competency indicated on physician profiles, and SOGIE data collection in EHRs. One way this could be addressed is by collaborating with BORIM and other boards of registration. Another would be to use DPH’s new data standards, described in recommendation number three above, through requirements placed on vendors. Finally, the Commission encourages DPH to join the departments of health in other states in promoting the inclusion of SOGIE fields in EHR systems among the companies who create leading systems, and to encourage users of these systems to do the same. Such pressure may lead to these companies voluntarily adding SOGIE fields as standard measures, which would increase uptake by healthcare providers including this information in EHR, thus increasing data on a macro level and improving individual patients’ care on a micro level. DPH is monitoring legislation relating to this topic as well as looking into who in the state is collecting SOGIE data as they build a public health data warehouse.

1. **Continue exploring ways to counter the effects of discrimination and advance LGBTQ inclusion.**

DPH has long prioritized services to marginalized populations in its programs. However, not all DPH employees or funded providers fully understand what constitutes discrimination against LGBTQ clients, nor do all employees or providers understand best practices for serving and supporting LGBTQ people. The Commission and DPH have worked together in the past on draft policies and guidance. DPH has looked into the applicable nondiscrimination policies that apply to its employees and contracts. One recent accomplishment is that, for the first time, DPH’s diversity plan includes recruiting, retaining, and promoting LGBTQ individuals; DPH now offers self-reporting of LGBTQ employees and applicants which helps them achieve diversity goals. Furthermore, the DPH plans on including a “Pride” edition of the newsletter that includes “Pride” activities, as a way to include and celebrate the LGBTQ community as well as their LGBTQ employees. The Commission looks forward to exploring what additional steps might be productive in building proactively inclusive services and programs throughout the Commonwealth’s public health and healthcare systems.

“I would like to see more education for medical personnel so they don’t make assumptions on the teen’s identity and orientation in basic physical exams and counseling.”

- *Parent, Greater Boston*

## Office for Refugees and Immigrants

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**FY 2021 RECOMMENDATIONS**

1. **Implement ORI’s new LGBTQ nondiscrimination policy and best practices.**
2. **Ensure that all ORI service providers have information on LGBTQ resources available on site.**
3. **Continue collaborating with the interagency EOHHS effort to launch an interagency LGBTQ training and encourage staff and providers to participate in this training in accordance with interagency strategy.**
4. **Add the LGBTQ nondiscrimination policy and best practices to ORI's provider manual.**

“Many LGBT students, particularly students of color in immigrant communities, still fear coming out in school. [We need] more education in the communities, not just in schools.”

*– Educator, Greater Boston*

**BACKGROUND & RESEARCH**

The Office for Refugees and Immigrants (ORI) was established in 1992 to promote the “full participation of refugees and immigrants as self-sufficient individuals and families in social, economic, and civic life of Massachusetts.” Largely through resources from the federal Office of Refugee Resettlement, ORI provides funding to refugee resettlement providers to support some of the most vulnerable refugees in the United States who are admitted on humanitarian grounds.

ORI has taken promising steps to ensure that adequate services are available to LGBTQ immigrant youth, including a 2016 training with their unaccompanied refugee minor program providers. ORI’s liaison to the Commission has fostered a productive relationship, which included facilitating a meeting between Commission representatives and ORI’s Executive Director, Mary Truong, and its chief of staff. Promisingly, ORI has finalized a new LGBTQ inclusive nondiscrimination policy and has sent it to counsel at EOHHS for final review before publication.

While research is limited as to how many migrant youth are LGBTQ, one study of undocumented migrants between 18 and 35 found that 10 percent identified as LGBTQ.[[522]](#endnote-522) Young LGBTQ refugees, asylees, and migrants face a unique set of challenges in establishing themselves in the United States. Like other communities, migrant populations hold diverse understandings of sexuality, gender, and identity. In some instances, these young people come to the United States seeking to escape persecution or violence based on their sexual orientation or gender identity; one study found that LGBT asylum seekers have high incidences of persecution during their childhood, experiences of sexual violence, and suicidal ideation.[[523]](#endnote-523) Other asylum seekers come to the U.S. for unrelated reasons but must navigate a system in which their sexual orientation or gender identity compound the challenges they already face as migrants more broadly.

The dual-layer minority status of LGBTQ refugees and immigrants creates obstacles to accessing resources and support. A recent survey of LGBTQ immigrants of diverse backgrounds found that respondents reported high rates of discrimination related to their immigration status as well as sexual orientation and gender identity.[[524]](#endnote-524) Additionally, LGBTQ migrant youth may face heightened health and safety risks. In Massachusetts, sexual minority high school students who have been in the United States for six years or less reported higher rates of school victimization and suicidality than heterosexual immigrant youth or sexual minority students born in the U.S.[[525]](#endnote-525)

A recent report posits that “in order to ensure that LGBTQ immigrants thrive, it is critical to invest in culturally competent immigrant integration resources that are responsive to the needs of diverse communities, enabling them to fully participate and contribute to American society.”[[526]](#endnote-526) This goal is critical to ensure that all immigrants and refugees are treated fairly and welcomed into communities across the Commonwealth.

*“*Having this intersection [of marginalized identities] can lead to a larger intensity of stigma and being denied of autonomy or agency; there needs to be more celebration for these identities, as well as support in understanding the hardships we face.”

- *Youth of Color, Greater Boston*

**EXPANDED RECOMMENDATIONS**

1. **Implement ORI’s new LGBTQ nondiscrimination policy and best practices.**

During FY 2018, ORI made progress on the Commission’s recommendation to develop a nondiscrimination policy and best practices guide, which was submitted as a draft to EOHHS counsel for review. As of March 2019, the policy remains in draft form. The Commission was not able to secure a meeting with ORI in 2020, but looks forward to seeing the policy and best practices finalized and released in the near future.

1. **Ensure that all ORI service providers have information on LGBTQ resources available on site.**

The Commission and ORI have collaborated on designing a flier that could be used to connect LGBTQ refugees and immigrants to the Commission’s searchable resource map, as a way of ensuring that ORI’s clients have access to LGBTQ-specific and -competent resources. The Commission looks forward to continuing this conversation and to arriving at a final draft of outreach materials, which can then be distributed to ORI’s providers. The Commission appreciates the feedback that ORI has provided on how to make its resource guide accessible to immigrant and refugee communities.

1. **Continue collaborating with the interagency EOHHS effort to launch an interagency LGBTQ training and encourage staff and providers to participate in this training in accordance with interagency strategy.**

ORI held an LGBTQ competency training in 2016 for their unaccompanied refugee minor program providers. Since then, the Commission has recommended additional trainings to reach all providers who might work with LGBTQ youth. ORI has noted that some providers are interested in having additional LGBTQ resources and education, but that there is limited capacity to provide a training. ORI has at the same time been working with the EOHHS interagency initiative to develop a common training curriculum. Once a training is available online, that might be an efficient way of having providers trained on basic LGBTQ competency. Additionally, the Commission has volunteered to work with ORI to provide an in-person version of the EOHHS training for ORI providers who are interested in participating. The Commission looks forward to continuing these conversations and finding ways of expanding training opportunities for ORI’s staff and providers.

1. **Add the LGBTQ nondiscrimination policy and best practices to ORI's provider manual.**

Because ORI has limited capacity to offer trainings to its providers, another way of ensuring that information is disseminated and that providers understand the needs of LGBTQ clients would be to include information in ORI’s provider manual. Basic information—like definitions of who comprises the LGBTQ community, examples of challenges and disparities facing LGBTQ refugees and immigrants, and available resources (such as the Commission’s resource map)—would prove to be a useful starting point in educating providers and ensuring that they have at least some of the tools that they need. Once the draft LGBTQ policy and best practices has been published, this could provide the basis for adding LGBTQ content to the provider manual. ORI has stated their intent to add these documents as an appendix to their manual, which would be an excellent step in sharing this information with providers.

## Department of Transitional Assistance

image5.jpg

**FY 2021 RECOMMENDATIONS**

1. **Support the DTA Diversity Council in developing LGBTQ-inclusive policies within DTA for employees, vendors, and clients.**
2. **Provide LGBTQ cultural competency training for all staff and vendors, especially those caseworkers involved in direct service provision, and continue collaborating on the EOHHS interagency training effort.**

*“*More training for service providers of all kinds is needed, and especially those that particularly serve at-risk and marginalized people.”

-  *Youth of color, Greater Boston area*

**BACKGROUND & RESEARCH**

The Department of Transitional Assistance (DTA) assists low-income individuals and their families to meet their basic needs, increase their incomes, and improve overall quality of life. Evidence suggests that LGBTQ people are disproportionately food insecure compared to non-LGBTQ peers. A national study found that LGB adults raising children are nearly twice as likely as their heterosexual counterparts to receive SNAP benefits.[[527]](#endnote-527) Sexual minority young adults aged 18 to 24 also show a stark disparity, with 26 percent of LGB youth participating in SNAP compared to 17 percent of heterosexual youth.[[528]](#endnote-528)

More broadly, data indicate that LGBTQ communities are particularly vulnerable to poverty. According to one analysis of national census data, individuals in same-sex couples are more likely than their counterparts in different-sex couples to report receiving TANF.[[529]](#endnote-529) Poverty rates are especially high among some LGBTQ parents and some LGBTQ communities of color.[[530]](#endnote-530) Furthermore, commonly cited estimates suggest that approximately 40 percent of homeless youth are LGBTQ and that one in five transgender individuals between the ages of 18 and 24 have experienced homelessness, with many also experiencing neglect, abuse, or violence.[[531]](#endnote-531) More research on homelessness among LGBTQ youth is presented in the research review above.

The Commission has appreciated collaboration with Commissioner Jeff McCue and the work that has already been done to make the local DTA offices more affirming of LGBTQ youth. The Commission congratulates DTA for their work in successfully drafting, finalizing, and approving a new nondiscrimination policy and guidance that incorporates sexual orientation and gender identity and agreeing to provide customer service training to all caseworkers. DTA has been part of the EOHHS interagency committee on LGBTQ issues and has also been represented on the subcommittee working on an interagency LGBTQ training. The Commission hopes that this online training might be a way for DTA to provide all its employees with basic competency training. Finally, the Commission began a conversation with DTA about potentially expanding data collection to be more LGBTQ inclusive at a meeting in March 2019. DTA notes that most of their data collection occurs through the provision of SNAP benefits and is heavily regulated by the federal government. The Commission looks forward to continuing this conversation and potentially offering a recommendation for 2021.

**EXPANDED RECOMMENDATIONS**

1. **Support the DTA Diversity Council in developing LGBTQ-inclusive policies within DTA for employees, vendors, and clients.**

Previously, the Commission had recommended that DTA work on developing an LGBTQ liaison system to help develop and implement LGBTQ-inclusive policies and programming. At a meeting in 2019, DTA instead proposed utilizing the DTA Diversity Council, a preexisting body with representation from the agency’s 22 local offices. The Commission was pleased to learn that the Diversity Council was already taking on the project of developing a Transgender Awareness Month to take place in June in order to help educate staff about transgender issues, and the Commission was excited to partner with them on this endeavor, including to offer trainings as described below. The Commission continues to recommend that this body take steps such as: (1) advise on the implementation of clear and thorough inclusion policies for both clients and staff (for example, supporting transgender employees as they work through legal transition steps) and the dissemination of LGBTQ-affirming materials; (2) disseminate guidance on transgender client service and program access; (3) review contracts with DTA-funded agencies to ensure that adequate gender identity anti-discrimination protections are in place; (4) create a plan for serving nonbinary clients and staff given limitations that exist for adding nonbinary gender markers into data systems; and (5) create a plan for adding gender neutral restrooms for clients with an eventual goal of all single-occupancy client restrooms being gender neutral, and an explanation for staff about why these changes are happening and why they are important.

1. **Provide LGBTQ cultural competency training for all staff and vendors, especially those caseworkers involved in direct service provision, and continue collaborating on the EOHHS interagency training effort.**

The Commission recommends that DTA incorporate routine LGBTQ cultural competency training for all staff and update customer service protocols to better meet the needs of LGBTQ youth clients. The Commission was happy to partner with DTA to offer an optional training in different regions for DTA staff around the Commonwealth in June 2019 and again in September 2019. With the interagency training now complete, the Commission can update the training designed specifically for DTA to be in full alignment with the interagency curriculum. DTA has expressed interest in continuing to offer this training and to make it available to all employees. DTA also holds trainings for vendors, including a well-received training on civil rights. The Commission recommends that an LGBTQ inclusion training is offered to or required for vendors, and the Commission would be happy to work with DTA to realize this goal.

## Department of Youth Services

image5.jpg

**FY 2021 RECOMMENDATIONS**

1. **Share and continue to develop data related to sexual orientation and gender identity, and analyze its implications.**
2. **Continue to provide LGBTQ trainings and other resources, and review them for current and effectiveness.**
3. **Continue implementation of LGBTQ-inclusive material into existing curricula and programming provided to youth in its care.**

“I’ve seen major changes. The first transitioning youth that came in to DYS was restricted from undergarments and clothing because of safety and security. We brought up that should not be the case. Undergarments were something we really pushed for, and DYS actually pushed for those and now we can make them available. One of the greatest things I noticed was that now all DYS staff have to go through basic training, including a very large LGBTQI component. That has made a big difference with those staff going on the floor.”

*– Service provider, Southeastern Massachusetts*

**BACKGROUND & RESEARCH**

The Department of Youth Services (DYS) is the state agency charged with serving youth in pre-trial detention or youth committed as juvenile delinquents or youthful offenders. DYS has led the nation in developing and implementing policy and guidelines to prohibit discrimination and harassment against LGBTQ youth. The DYS policy and guidelines, which became effective in July 2014, were developed through collaboration with community advocates, including members of the Commission. DYS has received state and national recognition for their work on behalf of LGBTQ young people. Since the implementation of these changes, DYS staff has kept the Commission apprised of their progress and DYS Commissioner Peter Forbes has met with representation from the Commission multiple times, most recently in March 2019 at a meeting also attended by other senior staff. DYS has also provided the Commission with a tour of one of its facilities, sent representation to the release of the Commission’s policy recommendations, and invited Commission staff and members to its annual youth art event. The Commission appreciates the level of engagement that senior leadership at DYS has shown.

Research from across the country suggests that LGBTQ youth are overrepresented within the juvenile justice system, with approximately 20 percent of youth in detention facilities identifying as LGBTQ.[[532]](#endnote-532) These youth may come in contact with the system after experiencing family rejection, homelessness, school harassment, and “survival crimes” such as theft or sex work. Massachusetts data indicate that LGBTQ youth are more likely to be gang-involved than non-LGBTQ youth, skip school because they feel unsafe, and be involved in a fight at school.[[533]](#endnote-533) LGBTQ girls are especially likely to be system-involved, with approximately 40 percent of girls – disproportionately girls of color – in juvenile detention facilities identified as LGBTQ or gender-nonconforming.[[534]](#endnote-534)

There is an emerging body of national literature indicating that LGBTQ youth are punished more harshly than their heterosexual and non-transgender peers. Sexual minority youth are punished more harshly in schools and in the court system than heterosexual youth, a pattern not explained by rates of infraction.[[535]](#endnote-535) Sexual minority youth also report being suspended or expelled from school at higher rates than heterosexual students.[[536]](#endnote-536) This disparity in treatment by law enforcement is especially pronounced among girls. Lesbian and bisexual girls are 50 percent more likely to be stopped by police, and twice as likely to be arrested and convicted, even though they do not engage in higher levels of misconduct compared to heterosexual girls.[[537]](#endnote-537) For a detailed discussion on the risk factors LGBTQ youth face for involvement in the juvenile justice system, and their experiences there, see the research on this topic above.

**EXPANDED RECOMMENDATIONS**

* + - 1. **Share and continue to develop data related to sexual orientation and gender identity, and analyze its implications.**

The Commission commends DYS for the changes it has implemented in its intake process to collect data relating to sexual orientation and gender identity (SOGI) in a thoughtful, thorough, and confidential manner. It also supports the goal identified by DYS leadership of integrating a regular review of this data into its process for reviewing other related forms of data. In March 2019, the Commission received preliminary data from DYS that has been gathered as a result of this process. Given the limited nature of data on LGBTQ youth in the juvenile justice system, both in Massachusetts and generally across the states, the Commission believes this data could be of interest and value to the public. DYS has offered to explore how to finalize and share their findings with the public. Beyond sharing the data, the Commission also looks forward to assisting DYS, if desired, in its analysis of the data. For example, if DYS should find differences in the experiences of LGBTQ youth in custody, this may be of great value in determining how to continue to improve services and thus the safety and wellbeing of these youth.

1. **Continue to provide LGBTQ trainings and other resources, and review them for currency and effectiveness.**

The Commission commends DYS for implementing LGBTQ competency training for every member of its staff and for making their educational and clinical curricula LGBTQ-inclusive. Recently, DYS has taken the additional step of integrating its LGBTQ competency training into its basic training, thus ensuring that DYS staff receive instruction early in their tenure and in a uniform manner. The Commission believes that maintaining the same level, quality, and duration of the original training will be important in DYS’s continued success. The Commission encourages DYS to continue reviewing its LGBTQ training and other resources. The Commission appreciates the evaluation that DYS has done so far, supports its goal of conducting additional evaluation to measure the effects of this training, and encourages DYS to use this data to consider how training might be improved.

*“*Knowledge is key to the development of young people but it can be very difficult when a lot of it is withheld or altered, especially for those who are LGBTQ and at other marginalized intersections. Spaces that aim for inclusion can feel very ill-intended, just for praise or show, and never take actual action to acknowledge the experiences, voices, and needs of the people they claim to serve. There are so many wonderful LGBTQ-led resources for youth, but many of these resources can be hard to find, or might not serve the proper age group, and even lack competency for other intersections of identity such as disability, race, class, etc.”

*– Youth of color, Greater Boston area*

1. **Continue implementation of LGBTQ-inclusive material into existing curricula and programming provided to youth in its care.**

The Commission commends DYS for implementing LGBTQ-inclusive material into its health and wellness curriculum. The Commission had previously recommended that DYS explore how to utilize youth in its care as peer leaders to increase understanding and acceptance of LGBTQ peers and thus increase safety of these youth in its care. The Commission appreciates DYS’s willingness to engage in this conversation and looks forward to working together and reviewing data on youth responses to the new curriculum in the new fiscal year.

“A challenge for us is accessing more curricula. A lot of the things we come across are very heteronormative. We’re trying to piecemeal them. It’s like, this doesn’t reflect me or my life or my family. That’s really tough when you want to provide services and you want to reflect the population you’re serving… We’re human services and we’re well intentioned, but I don’t want to leave that population out. Our youth have educated us on a lot of things we didn’t know.”

*– Service provider, Southeastern Massachusetts*

# image1.jpgAdditional State Entities

## image5.jpgExecutive Office of Public Safety and Security

**FY 2021 RECOMMENDATIONS**

1. **Convene an interagency committee to discuss the needs of LGBTQ young people involved with EOPSS agencies and explore options for data collection, training, and policies.**

**BACKGROUND & RESEARCH**

The Executive Office of Public Safety and Security (EOPSS) oversees several agencies that impact the lives of LGBTQ youth and young adults, including the State Police, Department of Correction, Sex Offender Registry Board, Municipal Police Training Committee, and Parole Board. In FY 2018, the Commission recommended that EOPSS appoint a liaison to begin working with us on addressing the needs of LGBTQ youth involved in their agencies. EOPSS fulfilled this recommendation and held two meetings with Commission representatives during the past fiscal year to begin discussions.

The Commission has been pleased by the nationally recognized work that has been accomplished within the juvenile justice system in Massachusetts and hopes that the momentum from these efforts will carry forward throughout the agencies under EOPSS. There are several positive training initiatives that provide a precedent for working on LGBTQ issues within public safety sectors, including LGBTQ cultural competency trainings undertaken by the Cambridge Police Department.

Homelessness, financial insecurity, family rejection, and poor school climates mean that LGBTQ young people are disproportionately likely to come into contact with the public safety and criminal justice systems. Often, these interactions start while youth are still minors and continue into their early adulthood. For instance, a national study shows that lesbian, bisexual, and questioning girls in detention are approximately twice as likely as their heterosexual peers to have been detained for engaging in the sex trade, and gay, bisexual, and questioning boys are approximately ten times as likely.[[538]](#endnote-538) LGBTQ youth are also more likely than their non-LGBTQ peers to be detained for status offenses such as truancy, running away from home, and probation violations.[[539]](#endnote-539)

Indeed, national research found that nearly three quarters of all LGBTQ people and people living with HIV had contact with police in the previous five years.[[540]](#endnote-540) Additionally, a quarter of respondents who recently had contact with police reported experiencing misconduct or harassment, such as profiling, false arrests, verbal or physical assault, or sexual harassment or assault, with higher rates among LGBTQ respondents of color and low-income respondents.[[541]](#endnote-541)

Within detention settings, LGBTQ individuals are at increased risk for violence and victimization. While the Commission has relatively little data specific to Massachusetts, data from the Bureau of Justice Statistics suggest that nationally, non-heterosexual prison inmates experience sexual victimization from other inmates at about ten times the rate of their heterosexual counterparts, and that they experience sexual victimization from staff at more than twice the rate of heterosexual inmates.[[542]](#endnote-542) In addition to specific experiences of violence, stigma can have a significant impact on LGBTQ incarcerated people. One survey of LGBTQ prisoners found that 70 percent of respondents had experienced emotional pain from hiding their sexuality, and 78 percent of transgender respondents had experienced pain from hiding their gender identity.[[543]](#endnote-543) A detailed review of the literature on LGBTQ youth and the justice system can be found in the research review section above.

**EXPANDED RECOMMENDATIONS**

1. **Convene an interagency committee to discuss the needs of LGBTQ young people involved with EOPSS agencies and explore options for data collection, training, and policies.**

The Commission has seen success working within an interagency model at EOHHS and has supported discussions between EOHHS and EOPSS on how that model could be applied to EOPSS’s agencies. The Commission recommends this approach to ensure that discussions on LGBTQ youth are coordinated, particularly because topics like data collection and nondiscrimination policies may not function well in isolation within the larger EOPSS system. Furthermore, the EOHHS interagency training that is being developed may serve as a useful tool for the EOPSS agencies to adopt once it has launched. Once interagency discussions have begun, the Commission would be pleased to appoint liaisons to individual agencies who wanted to have deeper discussions or receive additional support.

The Commission has been encouraged by the recent criminal justice reform effort at the State House, and the prospect of a special commission to look into LGBTQ health during incarceration.[[544]](#endnote-544) However, much work still needs to be done. Identifying the most relevant partners at each of EOPSS’s agencies and bringing them together to begin a conversation on the important topic of LGBTQ equity would be an excellent first step. This effort is especially critical with respect to LGBTQ youth of color, who face both greater safety needs and higher rates of being incarcerated. The Commission appreciates EOPSS’s initiative in inviting the Commission to a meeting of HR managers within EOPSS and looks forward to working together further in the coming fiscal year.

## image5.jpgRegistry of Motor Vehicles

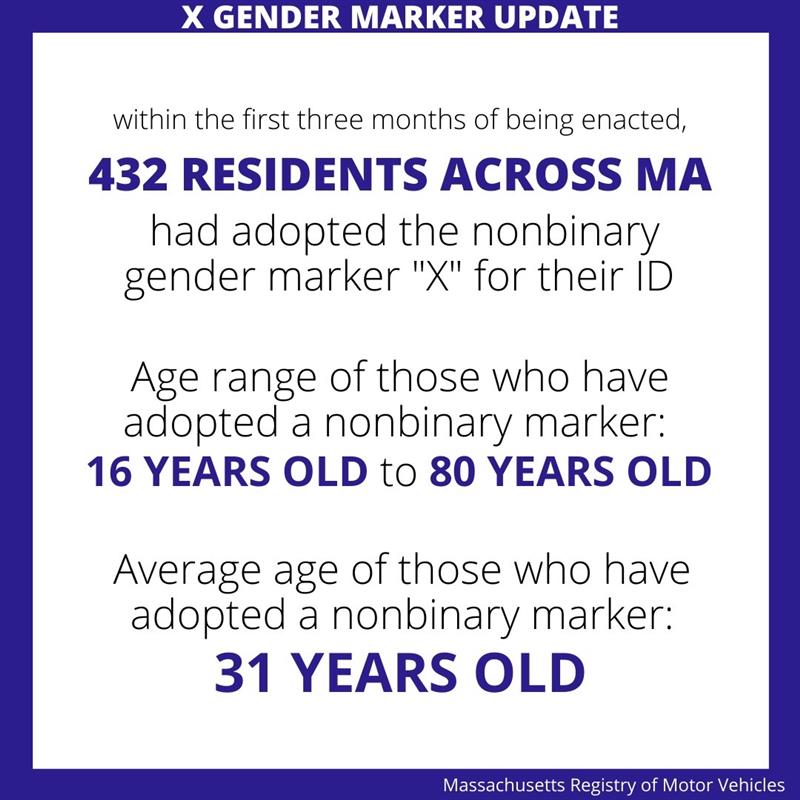
**FY 2021 RECOMMENDATIONS**

1. **Continue monitoring data relating to nonbinary gender marker in the RMV’s licensing system.**
2. **Provide cultural competency training for all line staff.**
3. **Address barriers to ID access facing youth experiencing or at risk for homelessness.**
4. **Create and implement a policy to promote nondiscriminatory services for LGBTQ young people.**

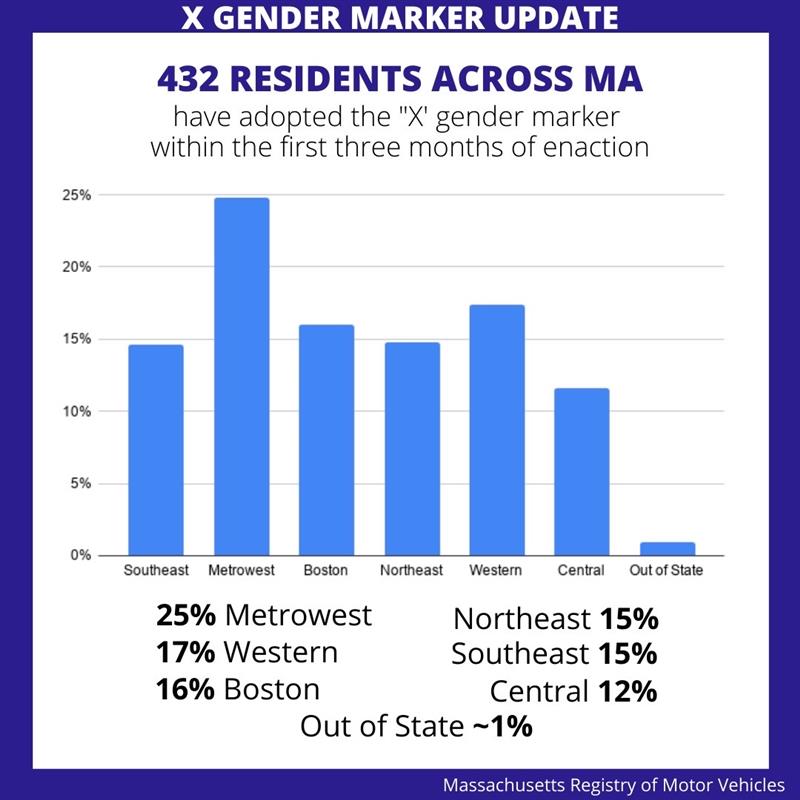
“More than one in ten homeless youth are unable to access needed services because they lacked proper identification, and this number is almost surely higher for LGBTQ youth who face intersecting forms of discrimination and marginalization. When an LGBTQ youth who is experiencing homelessness is denied services or does not even attempt to access services because they lack a state document, they relive the victimization they have faced, such as rejection by their families and ‘falling through the cracks’ of state services.”

*– Commission testimony to the Joint Committee on Transportation*

**BACKGROUND & RESEARCH**

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The Massachusetts Commission on LGBTQ Youth is pleased to have an ongoing relationship with the Registry of Motor Vehicles (RMV), whose work is relevant to that of the Commission because it oversees the provision of state IDs. Accurate and up-to-date identity documents are critical for LGBTQ young people to access education, employment, services, bank accounts, and more, and youth who lack ID face higher risk of adverse encounters with law enforcement.[[545]](#endnote-545) Both the passage of REAL ID legislation in Massachusetts and the RMV’s implementation of a new licensing system in 2018 have presented opportunities for collaboration and partnership between these two entities.

The RMV achieved a major recommendation of the Commission in the fall of 2019 when it allowed for the first time for Massachusetts residents to identify with a nonbinary “X” gender marker in both REAL ID and state IDs. As detailed in the first recommendation below, this has proven to be a successful change that was immediately embraced by many members of the LGBTQ community. This change also built off of a decision in the fall of 2018 to allow individuals to change their gender marker as easily as they can change any other detail of their ID; they no longer need to provide medical documentation, or even complete a self-attestation. These changes have helped to remove many of the barriers LGBTQ people, and particularly transgender and gender-nonconforming people, have faced in getting an ID that accurately captures their gender identity. The Commission believes that these changes are extremely positive and help to make Massachusetts a leader on affirming ID access for transgender and gender-nonconforming individuals.

Research has shown ID access to be critical for this population. For example, one recent study found that nearly one third of transgender individuals who showed ID incongruent with their gender presentation had a negative experience such as being harassed, denied services, or attacked.[[546]](#endnote-546) ID access is also particularly relevant for LGBTQ youth experiencing homelessness, which is the subject of one of the core recommendations on homelessness above. The 2017 Massachusetts Youth Count demonstrated that 9% of youth experiencing homelessness were not able to access needed services because they did not have proper ID.[[547]](#endnote-547) National partners such as the American Bar Association and the U.S. Interagency Council on Homelessness have also found that access to ID documents is an important issue for young people experiencing homelessness.[[548]](#endnote-548) In the fall of 2014, the Commission held a Boston-area convening of youth-serving community organizations. Providers and young people identified lack of access to state-issued identification as a major barrier to services for homeless and low-income youth. Young people sometimes leave their homes of origin in a hurry and returning for ID cards may be physically or emotionally unsafe. In other instances, ID cards are stolen, lost, or confiscated while youth are experiencing homelessness. Furthermore, even a $25 fee to obtain ID cards may be out of reach for young people experiencing homelessness. Other barriers include requirements for minors to obtain parental consent, as well as residency requirements that necessitate a specific address. The latter challenge disproportionately impacts LGBTQ youth separated from their families because of conflicts related to their LGBTQ identities.

Recent changes with respect to the federal REAL ID Act increase barriers for youth to access an ID, and the Commission has worked with the RMV, as well as testified before the Joint Committee on Transportation, on the importance of this issue for LGBTQ youth.[[549]](#endnote-549) Many other states have taken action to address these barriers while maintaining compliance with the federal REAL ID regulations,[[550]](#endnote-550) and their actions might provide guidance to Massachusetts as it addresses the same concerns.

**EXPANDED RECOMMENDATIONS**

1. **Continue monitoring data relating to nonbinary gender marker in the RMV’s licensing system.**

As noted above, one of the biggest successes of the 2020 fiscal year with respect to LGBTQ issues was the RMV’s implementation of a nonbinary gender marker. Massachusetts has now joined a growing number of other states, as well as some countries, in formally recognizing that many people do not identify exclusively as male or female. The Commission thanks the RMV for implementing this change, on which our two agencies have partnered extensively over the past few years, along with the Massachusetts Transgender Political Coalition.

The Commission also thanks the RMV for immediately providing it with access to early data on the usage of the nonbinary gender marker. The Commission’s analysis of this data found that, just four months after the option went online and with little publicity on the change, the option had already been adopted by 432 residents across Massachusetts. The age range of those who have adopted a nonbinary marker is 16 years of age to 80 years of age, with an average age of 31. This highlights both that people of all ages are increasingly identifying as nonbinary, but that the issue is particularly important to youth and young adults. Finally, there was widespread geographic adoption of the marker, with residents of 180 cities and towns having elected to use the marker.

The Commission also thanks the RMV for monitoring and responding to feedback it has received on the process for changing one’s gender marker to the nonbinary “X.” For example, due to limitations of the licensing system, all gender markers actually appear listed as “sex” on the actual license. The RMV quickly worked to clarify with applicants that, while these markers are informally referred to as “gender markers,” it will appear as “sex” on IDs. This quick response to community feedback indicates the RMV’s continued dedication to serving the LGBTQ community.

The Commission encourages the RMV to continue monitoring these types of data and feedback to inform this important work and our progress towards shared goals.

1. **Provide cultural competency training for all line staff.**

The Commission was pleased to join the Massachusetts Transgender Political Coalition in presenting RMV senior staff and Service Center managers with a presentation on implementing the forthcoming nonbinary gender marker in December 2018. The Commission thanks the Registrar and her staff for this opportunity. Following the training, materials were finalized for Service Center managers to take key lessons back to their staff in the form of an explanatory handout and a Frequently Asked Questions guide. The Commission believes that this is a positive first step in helping staff to best serve LGBTQ clients. The Commission would like to further recommend that the RMV consider how to implement additional training options that could go beyond merely the nonbinary gender marker and also look at other parts of the LGBTQ community and their needs. The RMV has expressed interest in doing so, potentially in the first half of FY 2021, and the Commission looks forward to continuing this conversation.

1. **Address barriers to ID access facing youth experiencing or at risk for homelessness.**

The Commission and the RMV continue to discuss barriers to obtaining ID that face youth who are experiencing or at risk for homelessness. The Commission’s recommendations for improving access have included removing the requirement for a parent or guardian’s consent for youth over the age of 14, expanding accepted forms of supporting identification, and appointing a designated service coordinator for unaccompanied youth. The RMV continues to look at requirements for both REAL ID and Massachusetts ID under the most recent (2016) law. The Commission twice provided testimony to the Joint Committee on Transportation regarding ID access for LGBTQ youth experiencing homelessness to keep the legislature informed of these challenges, as well.[[551]](#endnote-551)

The Commission also recommends considering this population in community outreach initiatives, such as by coordinating with other state agencies serving vulnerable young people or by using their existing outreach staff to hold events that speak specifically to the needs facing LGBTQ youth, especially those at risk for or experiencing homelessness. Community organizations and members may be interested in learning more about the RMV’s initiative for people experiencing homelessness, which allows organizations to register to be able to provide an affidavit as proof of residency.[[552]](#endnote-552)

1. **Create and implement a policy to promote nondiscriminatory services for LGBTQ young people.**

The Commission had previously worked with the RMV on drafting a policy and guidance to promote nondiscriminatory services for LGBTQ young people, and hopes in FY 2021 to continue this discussion, especially given that some aspects of such guidance (such as serving nonbinary clients) have already been addressed in the interim. A concrete and holistic policy could help to ensure lasting, systemic change.

## Massachusetts Board of Library Commissioners

image5.jpg

**FY 2021 RECOMMENDATIONS**

1. **Continue sharing resources for LGBTQ youth online and in libraries.**
2. **Continue working with the Commission to explore creating programming opportunities, trainings, and resources for librarians on LGBTQ youth issues.**

**BACKGROUND & RESEARCH**

The Massachusetts Board of Library Commissioners (MBLC) is the agency of state government with the statutory authority and responsibility to organize, develop, coordinate, and improve library services throughout the Commonwealth. Libraries are a vital resource for LGBTQ youth and their supporters, increasingly including access to information technology.

The Commission is pleased to have established a partnership with MBLC that engages librarians around issues impacting LGBTQ youth. The Commission congratulates MBLC on starting to assess the availability of single-stall, gender-neutral bathrooms among libraries in the Commonwealth, and explaining to librarians why this is important. MBLC says that the continued funding of the library construction grant program will help to facilitate continued library renovations and modernizations that will likely advance this trend.

“The youth librarian at our public library is always happy to help my daughter find LGBTQ books, though she usually has to get them from one of the other libraries in our consortium. I'd love to see more rainbow flags in town; more Safe Space stickers. As a parent I don't need a support group, but I feel pretty isolated as the mother of a gay teen. It would be great to see more thought given to LGBTQ youth by the community center and the library and the parks and rec department.”

*– Parent, North Shore region of Massachusetts*

For privacy reasons, libraries do not generally collect demographic data on their users, so the number of LGBTQ youth accessing library services is unknown. Libraries can nonetheless take steps to be welcoming for LGBTQ youth by providing programming and materials relevant to their concerns and helping them access information technology. Events like “drag queen story times” and recognition of local Pride events are examples of inclusive and welcoming programming that libraries are increasingly offering.

MBLC’s work touches on at least two of the three focus areas identified by the Commission. The first, LGBTQ youth homelessness, is one on which the Commission and MLBC have already shared ideas and resources. One study found that 47 percent of the homeless youth reported public libraries were the main sites granting them access to the internet, which permits communication with family, friends, caseworkers, and prospective employers.[[553]](#endnote-553) Libraries are likely also a key resource for LGBTQ youth experiencing homelessness because they are open during the day when shelters are closed and often provide programming for underserved populations. The American Library Association has issued a policy statement on homelessness that MBLC has made available for its librarians.[[554]](#endnote-554) The second of the Commission’s focus areas in which MBLC also works is criminal justice, as MBLC provides library services to incarcerated persons. The Commission looks forward to working with MBLC on these and other issues facing LGBTQ youth.

**EXPANDED RECOMMENDATIONS**

1. **Continue sharing resources for LGBTQ youth online and in libraries.**

In the past year, MBLC has partnered with the Commission on a major effort to bring more LGBTQ-inclusive reading lists into libraries. The Commission and MBLC worked together in June 2019 to create an LGBTQ-inclusive reading list for parents, families, and youth. National resources such as the American Library Association’s Rainbow Project Book List served as a model,[[555]](#endnote-555) while the Commission and MBLC worked to expand this concept to include other resources beyond books that serve the state’s LGBTQ communities.[[556]](#endnote-556) In addition to making the brochure available online, MBLC also shipped hard copies to every public library in the state, in time for Pride Month reading displays. The Commission received positive feedback from members of the public looking for such resources for themselves, their families, or their students.

Currently, MBLC is assisting the Commission as it authors a more in-depth guide for librarians on LGBTQ-inclusive books and resources. The Commission appreciates this assistance and looks forward to finding ways to share this resource and continue sharing the brochure.

1. **Continue working with the Commission to explore creating programming opportunities, trainings, and resources for librarians on LGBTQ youth issues.**

The Commission is pleased to be exploring two major training and programming opportunities with MBLC. First, MBLC works closely with the Massachusetts Library System (MLS), which conducts training for library staff, and with librarian associations that hold workshops and conferences. The Commission previously worked with an MBLC staff member who conducted an LGBTQ youth workshop at one such event, which was well-received. The Commission has drafted a librarian-specific training for MBLC to review and share with MLS for a possible in-person training that would also be available online as a webinar after the event. The second project that the Commission and MBLC are discussing is to pilot a workshop for families of LGBTQ and questioning youth in public libraries. This is tied directly to the Commission’s Family Acceptance Task Force as one way that the group has identified as a promising means of reaching the families of LGBTQ youth who have questions or need support. The Commission is excited to work with MBLC at piloting a family workshop at a few libraries who might volunteer to do so during calendar year 2020 and to examine how to scale up this programming opportunity, perhaps by working with local partners to hold the workshops.

The Commission is also excited to hear about plans for MBLC to fund the Massachusetts College of Pharmacy and Health Sciences University Libraries in producing video materials and books in support of teaching LGBTQ competency to healthcare providers. The Commission looks forward to hearing more about this project and to consider how this example could be used to further expand the ways that libraries in Massachusetts can positively impact LGBTQ youth.

## Department of Housing and Community Developmentimage5.jpg

**FY 2021 RECOMMENDATIONS**

1. **Work with Interagency Council on Housing and Homelessness and the Commission on Unaccompanied Homeless Youth to address the needs of LGBTQ youth.**
2. **Provide LGBTQ cultural competency training to staff and providers to improve access to and quality of shelter and housing for LGBTQ youth.**
3. **Finalize, adopt, and distribute a policy and guidance to promote safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.**
4. **Identify intake documents for which revisions could help address the needs of LGBTQ youth, and initiate planning for making updates as appropriate.**

“As someone who has worked with LGBTQ youth, my clients have shared concerns about lack of housing resources for youth experiencing housing instability, as well as a need for more programming and social services specific to LGBTQ youth of color.”

*– Social Worker and Therapist, Massachusetts*

**BACKGROUND & RESEARCH**

The Department of Housing and Community Development (DHCD) is responsible for providing safe and affordable housing options for Massachusetts residents, including oversight of regional networks of shelter agencies and partners and housing stabilization and emergency assistance programs. Numerous constituencies within and outside state government have raised the issue of the critical housing needs of LGBTQ youth and young adults.

Reports indicate that youth who are LGBTQ are at higher risk for homelessness than the general youth population and are often subject to stigma and discrimination, as detailed in depth in the research and recommendations on homelessness above. The Commission convened community members and experts to discuss the issue of LGBTQ youth homelessness in December 2017 and held a legislative briefing and formal Commission meeting discussion on the topic of out-of-home youth that same month. The overwhelming consensus of those conversations, which has also been confirmed by the 2017 Youth Count report, is that LGBTQ youth face unique barriers in accessing services and often feel unsafe using existing shelters.[[557]](#endnote-557) As a result, homeless LGBTQ youth experience violence and victimization on a more frequent basis, and may engage in survival behaviors that put them at increased risk of negative health outcomes and involvement in the criminal justice system. The 2017 Youth Count, for example, showed that LGBTQ youth were twice as likely to trade sexual acts for money, shelter, or food as were non-LGBTQ youth experiencing homelessness.[[558]](#endnote-558) Additionally, state data indicates significantly higher rates of substance use, bullying, suicide attempts, and sexual violence among homeless LGB youth than among housed LGB youth or housed or homeless heterosexual youth.[[559]](#endnote-559)

Homelessness impacts not only homeless LGBTQ youth who are unaccompanied, but also those who are living with their families in unstable or unsheltered situations. In a national survey of providers serving LGBTQ homeless youth, family service providers estimated that of their total youth served, an average of 22 percent identified as LGBTQ and 3 percent identified as

transgender.[[560]](#endnote-560) Parents who are struggling to navigate homelessness may be particularly in need of assistance from state agencies or providers in supporting and locating resources for their LGBTQ children.

**EXPANDED RECOMMENDATIONS**

1. **Work with Interagency Council on Housing and Homelessness and the Commission on Unaccompanied Homeless Youth to address the needs of LGBTQ youth.**

DHCD is involved in and impacted by the LGBTQ youth-related work happening elsewhere in state government, such as the Commission on Unaccompanied Homeless Youth (UHY Commission) and the State Plan to End Youth and Young Adult Homelessness. DHCD is aware that the UHY Commission is assessing the needs of LGBTQ youth, and the Commission recommends that those conversations inform DHCD’s own policies and programs to support LGBTQ youth who are served by their programs and contractors. The Commission further recommends that DHCD follow up on needs assessments from the UHY Commission for relevant information in considering housing needs for this population. Additionally, DHCD has noted that some of its contractors have done work relevant to LGBTQ youth and that gathering information about contractor practices might be useful.

1. **Provide LGBTQ cultural competency training to staff and providers to improve access to and quality of shelter and housing for LGBTQ youth.**

The Commission recommends that DHCD implements trainings on LGBTQ competency for its staff and contractors, especially for those in services that directly interface with LGBTQ youth and their families. The Commission requests that DHCD work with Commission staff to develop a plan to provide training in person or online. The Commission will be happy to adapt the statewide training that it is developing to suit DHCD’s needs as an in-person training, or to assist DHCD in sharing the online version of the training once the Commission has made that available independently or through PACE. The Commission also hopes to work with shelter staff that DHCD contracts with to train them in LGBTQ competency.

1. **Finalize, adopt, and distribute a policy and guidance to promote safety and privacy of LGBTQ youth affected by DHCD programs and services.**

DHCD is engaged in drafting a policy and guidance relating to cultural competency regarding LGBTQ people, including LGBTQ youth, who are impacted by its programs and services. DHCD anticipates being aided by LGBTQ competence training offered by the Commission for its policy development and to share with DHCD staff and with housing and shelter providers. The Commission encourages DHCD to finalize and implement this policy. The Commission has specifically asked that such a policy address the self-identification of gender among youth, and how the programs address gender nonbinary youth, issues that the Commission believes may be best addressed in a formal policy. The Commission looks forward to supporting DHCD as needed throughout the process.

1. **Continue to identify documents for which revisions could help address the needs of LGBTQ youth, and initiate planning for making updates as appropriate.**

The Commission thanks DHCD for reviewing its data collection practices with respect to transgender and gender-nonconforming youth, and for thoughtfully considering how the intake process involving this data impacts the lives of LGBTQ youth and their families. The Commission is especially pleased to see that DHCD’s recently launched Common Housing Application for Massachusetts Public-Housing (CHAMP) is inclusive of transgender and non-binary youth. The Commission further encourages DHCD to continue examining how it can revise relevant program practices to be LGBTQ-inclusive and to allow self-determination of gender identity to the greatest possible extent under the law and federal requirements. DHCD notes that this process may require resources, particularly with respect to modification of documents that would require translation in accordance with DHCD’s Language Access Plan.

“There needs to be even more resources for homeless youth, especially ages 18-21 who are no longer part of the “system” but still need assistance. Especially shelters for trans people where they can feel safe expressing their gender how they express it.”

- *Youth, Southeastern Massachusetts*

## MassHire Department of Career Services

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**FY 2021 RECOMMENDATIONS**

1. **Promote job opportunities to LGBTQ youth.**
2. **Continue updating data collection methods to reflect best practices on LGBTQ-related data and evaluate that data to improve LGBTQ client experiences.**
3. **Work with the Commission to offer staff and partner trainings on LGBTQ inclusion and competency.**
4. **Continue to partner with the Commission and social service providers to offer career readiness resources for LGBTQ youth who face barriers to employment.**

“There needs to be more opportunity for growth for LGBTQ youth, job training and the like, that doesn’t cost an arm and a leg—whether it be in money or by any other sort of exerting means.”

- *Youth of Color, Greater Boston*

**BACKGROUND & RESEARCH**

MassHire creates and sustains powerful connections between businesses and jobseekers by leveraging a network of twenty-nine MassHire Career Centers and sixteen MassHire Workforce Boards located across the Commonwealth. The central MassHire branch, MassHire Department of Career Services (MDCS), oversees workforce development activities, which include providing access to quality education, skills training, and employment opportunities for jobseekers, and partnering with businesses to meet their hiring and industry needs, at all MassHire locations.

The Commission had previously worked with MassHire to update and revise its nondiscrimination policy to be LGBTQ-inclusive, and nondiscrimination and best practice guidelines were released to all MDCS staff and career centers as of June 2017.

LGBTQ youth are more likely to experience several risk factors that make obtaining employment more difficult, such as homelessness, unsafe educational environments, lacking proper ID, and involvement in the criminal justice system. Unsafe or under-resourced schools and disproportionate rates of school suspensions and arrests put LGBTQ youth of color at a particular disadvantage when entering the workforce. Transgender adults and LGBTQ adults of color have significantly higher unemployment rates than the national average, suggesting that the obstacles that LGBTQ youth face in obtaining employment often follow them throughout their lifespans.[[561]](#endnote-561)

A survey of LGBTQ youth of color who live, work, or spend time in Boston found that while significant numbers had access to leadership development and skill-building opportunities, only 57 percent had a paid job or internship, with many wanting but lacking such opportunities.[[562]](#endnote-562) Approximately one in five respondents felt there was no more than a 50% chance that they would have a good job by the age of 30.[[563]](#endnote-563) To secure stable and meaningful employment, LGBTQ young people need access to quality career development programs that address the specific challenges they face, as well as employers who are willing to hire them. In this way, the missions of MassHire and the Commission intersect, and the Commission is looking forward to partnering with MassHire to ensure LGBTQ youth have access to employment opportunities.

One way to address LGBTQ inclusive career services is through planning and creating career fairs that are specifically targeted towards LGBTQ youth. Several organizations offer LGBTQ specific career and college fairs, but these are few in number and spread throughout the country.[[564]](#endnote-564) The support of MassHire in establishing an LGBTQ youth-focused career fair might provide inclusive career options for many Massachusetts youth in need of them.

**EXPANDED RECOMMENDATIONS**

1. **Promote job opportunities to LGBTQ youth.**

Over the past few years, the Commission has recommended that MassHire explore statewide or regional job fairs by leveraging the expertise and connections of private sector members of the MassHire Workforce Boards. The Commission and MassHire have also discussed other ideas for promoting job opportunities to LGBTQ youth, such as conducting outreach to LGBTQ youth for existing MassHire services and events, including the summer jobs program. The Commission and MassHire have also discussed partnering with existing employment opportunity programs aimed at LGBTQ individuals, such as the job fair that takes place during Boston Pride or working with the LGBTQ Chamber of Commerce, which has hosted events in different parts of the Commonwealth. (MassHire and the Commission were exploring participation in Boston Pride’s career fair before this event was canceled due to the COVID-19 pandemic.) The Commission also suggests creating an outreach plan for reaching the LGBTQ community, as has been recently done at MRC, where outreach materials were jointly created, branded, and distributed with the Commission.

1. **Continue updating data collection methods to reflect best practices on LGBTQ-related data and evaluate that data to improve LGBTQ client experiences.**

MDCS has made some commendable progress over the past year on making its intake and data collection procedures more LGBTQ-inclusive. For example, in the past, clients were asked if they were male or female on a binary basis and then, those who selected male were asked if they had registered with the selective service (draft), a federal requirement for males only. They updated their system to (a) include a nonbinary gender marker and (b) ask the selective service question of everyone, with clients allowed to self-select whether the selective service requirement had applied to them. They have also begun to explore how their complaints system could be monitored to capture and respond on a systematic level to complaints that might be received about treatment of LGBTQ clients in the career centers that they fund. Finally, they are considering include measure(s) to identify LGBTQ clients in their Customer Journey initiative, which is evaluating customer experiences across the career centers. The Commission is excited to see the progress that has been made so far, especially the inclusion of a nonbinary gender marker in their client system, and looks forward to continue supporting their efforts to make data collection more LGBTQ-inclusive, as well as reviewing and responding to the important data that may result.

**3. Work with the Commission to offer staff and partner trainings on LGBTQ inclusion and competency.**

The Commission would be pleased to offer MassHire regional trainings for its staff and selected partners on how to better serve LGBTQ clients. The Commission believes that such trainings are a necessary complement to changes as MassHire seeks to broaden the accessibility of MassHire services to LGBTQ youth, and LGBTQ community members generally. The Commission recently shared with MassHire the statewide training it developed with EOHHS and has discussed how it could be adapted to serve MassHire. The Commission looks forward to continuing this discussion and hopefully supporting MassHire in offering trainings.

**4. Continue to partner with the Commission and social service providers to offer career readiness resources for LGBTQ youth who face barriers to employment.**

The Commission encourages MassHire to continue expanding and reinforcing its partnerships with social service providers, businesses, and other state agencies to offer resources aimed at addressing the MassHire readiness needs of LGBTQ young people. MassHire’s work with guidance counselors and on creating diverse talent pipelines could both be opportunities to promote workforce development for LGBTQ youth. The Commission also recommends that MDCS make LGBTQ resources available to their career centers and ensure that jobseeker services staff and business services staff make appropriate referrals to LGBTQ-affirming services. The New York State Department of Labor has been active in partnering with LGBTQ youth homeless shelters and other providers to improve access to employment opportunities for LGBTQ youth, and the Commission encourages MDCS to rely on New York State as a model.[[565]](#endnote-565) The Commission last year added MassHire Career Centers to its online resource map to make sure this resource is known to as many LGBTQ youth and their providers as possible. Finally, the Commission thanks MDCS for sharing with its staff the guidance the Commission issued in recognizing gender identity diversity in state workplaces and believes that such practices can also improve the inclusiveness of services provided by MassHire to LGBTQ youth.

# image1.jpgAppendix A: Glossary of Terms

*A note on terminology:* When discussing LGBTQ youth, it is important to note that young people conceptualize themselves and their identities in a variety of ways not limited to prevailing definitions of lesbian, gay, bisexual, transgender, queer, or questioning. The Commission uses the acronym “LGBTQ” to describe the community in its broadest terms, even though it is not explicitly inclusive through letters like “I” to represent intersex youth or “A” to represent asexual youth; this is to reflect the acronym based on the current enacting legislation of the Commission and is not a reflection of the omission of these identities. For the purposes of this report, “LGBTQ” should be read as broadly as possible except where indicated. The terms “LGB,” “LGBQ,” or “sexual minority” are sometimes used when describing data that does not include transgender or gender-nonconforming youth, and the terms “transgender” and “gender-nonconforming” are themselves used to represent a variety of people whose gender identity is something other than cisgender. Because summarizing the methodology of complex reports can be difficult with only a few words, the Commission encourages readers to refer back to the source material referred to within the report when they have questions about the exact population measured in a given topic or statistic.

**Asexual:** an umbrella term used to describe a spectrum of identities characterized by having little or no interest in sex, and/or little or no interest in romantic relationships.

**Assigned sex:** the sex (e.g. “male” or “female”) that is noted on an individual's birth certificate issued at birth. This is also referred to as sex assigned at birth, birth sex, and/or sex recorded at birth. Some individuals may opt to change the sex assigned to them on their birth certificate to better reflect their gender identity.

**Biphobia:** fear, hatred or discriminatory response to a person who is or is perceived to be bisexual.

**Bisexual:** a person who identifies as having an emotional, sexual, spiritual, and/or relational attraction to people of their same or different gender.

**Cisgender:** a term used for someone whose gender identity matches their sex assigned at birth, i.e. who is not transgender or gender-nonconforming.

**Conversion therapy:** a harmful and discredited practice that seeks to change another person’s sexual orientation and/or gender identity.

**Coming out:** the process of self-disclosing one's sexual orientation and/or gender identity to themselves and others. Coming out is often a lifelong process, as there may be many different instances a person may choose to come out. It is important that an individual be given the autonomy to choose if they want to come out, how they will come out, and when they will come out, as this choice is often influenced by a sense of safety and/or acceptance.

**Gay:** most commonly, a man who self-identifies as having an emotional, sexual, spiritual, and/or relational attraction to other men. This term is preferable to “homosexual,” which has clinical overtones that some find offensive. The term gay is sometimes used by women who prefer it to the term lesbian, or as an overarching term to refer to a broad array of sexual orientation identities other than heterosexual.

**Gender identity:** a person's internal and individual experience of gender, whether that be a man, woman, both, neither, or an identity entirely different. Gender identity is separate from sexual orientation.

**Gender expression:** how a person publicly represents or expresses their gender identity to others. Every person has a gender identity, and makes choices on how they express this identity with how they speak or act, wear their hair, dress, and otherwise present themselves to the world. A person's gender expression may be different from the gender norms that are generally associated with that person's sex assigned at birth.

**Gender binary:** the idea that there are only two sexes/genders (male and female, or masculine and feminine) and that they are distinct, opposite forms of each other.

**Gender dysphoria:** formerly known as Gender Identity Disorder (GID), and described as the extreme discomfort or distress resulting from a mismatch between one's sex assigned at birth and one’s gender identity. Gender dysphoria is also the formal diagnosis for transgender identity in the Diagnostic and Statistical Manual, fifth edition (DSM 5). In order to be diagnosed with gender dysphoria, one must have a marked incongruence between one's experienced/expressed gender and assigned gender for at least six months. In children, identification with a gender other than the one assigned at birth must be present and verbalized. The condition is associated with clinically significant distress or impairment in social, school, occupational, or other important areas of functioning. Not all members of the transgender community choose to take on the formal diagnosis, as there is still some stigma associated with a formal diagnosis.

**Gender-neutral:** a term that describes something, many times a space (like a bathroom) or a thing (such as clothing), that is not segregated by sex or gender.

**Gender-nonconforming (GNC):** a term used to describe people whose gender expression differs from stereotypical expectations of gender appropriate behavior or ways men and women are expected to act. Not all gender non-conforming people identify as LGBTQ. This may also be referred to as gender variance.

**Gender roles:** social and cultural beliefs about what is considered gender appropriate behavior, or the ways men and women are expected to act.

**Genderqueer:** a term for people who identify outside the confines of the binary definition of gender (male/female). Genderqueer people may consider themselves to be two or more genders, without a gender, a third gender, and/or fluid.

**Homophobia:** fear, hatred or discriminatory response to a person who is or is perceived to be lesbian, gay, bisexual, or queer.

**Intersex:** label used to describe a person whose combination of chromosomes, hormones, and primary and secondary sex characteristics differs from one of the two expected patterns of male or female. This term replaces "hermaphrodite," which is considered highly offensive.

**Latinx:** a person of Latin American origin or descent. This term is used as a gender-neutral or nonbinary alternative to the masculine Latino or feminine Latina.

**Lesbian:** a woman who self-identifies as having an emotional, sexual, spiritual, and/or relational attraction to other women.

**Men who have sex with men (MSM):** a term commonly used in scientific literature, particularly that relating to HIV, to refer to men who engage in sex with other men. However, the use of this term is often not precise and may not honor people’s identities. For example, it sometimes but not always includes transgender women and nonbinary individuals, even though these individuals do not self-identify as “men,” and often excludes transgender men. This report avoids use of the term MSM, but it can be found in some of the research that the report cites.

**Medical transition:** a process that utilizes hormonal treatments and/or affirming surgical interventions in affirmation of a person's gender identity. Not all transgender people desire to transition medically, due to various medical, social, financial, and/or safety reasons.

**Nonbinary:** something that is not composed of two parts, and a word often used in discussing gender. For example, a person who identifies as gender nonbinary does not identify as male or female, and may reject this binary construct altogether. A nonbinary gender marker on an ID would be one that is neither male nor female, but instead might be represented by an X or an N.

**Pansexual:** a person who has an emotional, sexual, spiritual, and/or relational attraction to other people generally, rather than people of a specific sex or gender.

**Gender pronouns:** the way people refer to themselves and should be addressed in terms of gender. If you are unsure of what pronoun a person may use, it is best to ask rather than assuming. Some common gender pronouns are: she/her/hers, he/him/his, they/them/theirs (used in the singular), and ze/hir/hirs.

**PrEP:** pre-exposure prophylaxis, or a medication taken daily to reduce one’s risk of being infected with HIV.

**Pubertal suppression:** a medical process that pauses hormonal changes that initiate puberty in adolescents, resulting in a purposeful delay in the development of secondary sex characteristics (e.g. breast growth, facial hair, body fat redistribution, voice changes, etc.). Suppression can prevent gender dysphoria that often accompanies puberty for transgender or gender-nonconforming youth, and is not permanent.

**Queer:** an umbrella term that includes anyone who wants to identify as queer and who feels outside the societal norms in regards to gender identity, sexual orientation, and sexual/romantic behaviors. The term may also serve as a political statement that advocates breaking gender and sexual binaries. This was formerly used as a derogatory term, and is still considered offensive by some, but has been reclaimed in recent decades.

**Questioning:** a term used to describe a person who is exploring their sexual orientation and/or gender identity and does not necessarily self-identify as LGBTQ. Not all people who question their identities may come out and/or identify as LGBTQ. In research, “sexual orientation incongruence,” e.g. stating that one is heterosexual but exhibiting same-sex attraction or behavior, may indicate that an individual is “questioning” their orientation.

**Secondary sex characteristics:** features that appear during puberty that distinguish sex, which may include breast development, facial hair, voice changes, redistribution of body fat, etc.

**Sexual minority youth:** consists of young people who identify with sexual orientations other than straight or heterosexual, such as gay, lesbian, bisexual, pansexual, and asexual, as well as youth do not ascribe to these identity labels but who do not engage in or desire exclusively male-female sexual or romantic behavior.

**Sexual orientation:** refers to a person's emotional, sexual, spiritual, and/or relational attraction, or lack thereof, towards other people with respect to their gender. Some common sexual orientations include lesbian, gay, bisexual, heterosexual, queer, pansexual, and asexual. There are many other terms that people may use to identify their sexual orientation.

**Social transition:** the process of disclosing oneself as transgender to friends, family, co-workers, and/or classmates. This often includes asking that others use a name, pronouns, or gender that reflects that person's gender identity. Additionally, this person may begin to use facilities such as bathrooms, locker rooms, or dormitories associated with their gender identity.

**Transgender:** an umbrella term used to describe a person whose gender identity or gender expression is different from that traditionally associated with their assigned sex at birth. A transgender person may identify as heterosexual, lesbian, gay, bisexual, queer, questioning, pansexual, or something else.

**Transgender healthcare:** broadly describes the medical or behavior health care that some transgender or gender-nonconforming people may seek in relation to their gender identity. Some of this includes transition related health care, such as supportive psychotherapy, hormone therapy, surgical procedures, voice therapy, and/or electrolysis. Transgender healthcare also includes general healthcare that may be anxiety provoking due to its ties to gender, such as pap smears, chest exams, birth control, and prostate exams. Many transgender people have difficulty accessing general or transition related health care that is culturally competent.

**Transgender man/FTM/Female-to-male:** a person who identifies as male, but was assigned female at birth. Note that the terms FTM and female-to-male are often used in literature and sometimes used as a self-identification, but should be generally avoided as they can be interpreted as not respecting the validity of someone’s gender identity. A “transgender man,” or simply “man,” is the appropriate way to refer to such an individual.

**Transgender woman/MTF/Male-to-female:** a person who identifies as female, but was assigned male at birth. Note that the terms MTF and male-to-female are often used in literature and sometimes used as self-identification, but should be generally avoided as they can be interpreted as not respecting the validity of someone’s gender identity. A “transgender woman,” or simply “woman,” is the appropriate way to refer to such an individual.

**Transphobia:** fear, hatred, or discriminatory response to a person who is or is perceived to be transgender or gender-nonconforming.

# image1.jpgAppendix B: LGBTQ Youth Resources

**Massachusetts Commission on LGBTQ Youth**

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The Commission’s website hosts lists of both governmental and nongovernmental resources, as well as resources of particular interest to educators, and also contains policy documents for use by government agencies and others interested in LGBTQ youth policy. Its regular meetings are open to the public, and half of its 50 members are elected from the public at large, with applications typically open in August-September of each year. The Commission provides training and technical assistance to government agencies in the Commonwealth, and also has programs and events for community organizations.

<http://mass.gov/cgly>

(617) 624-5495

**Safe Schools Program for LGBTQ Students**

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The Safe Schools Program for LGBTQ Students is co-sponsored by the Commission on LGBTQ Youth and the Department of Elementary and Secondary Education. It provides training and technical assistance to public schools across the Commonwealth.

<https://www.mass.gov/info-details/safe-schools-program-for-lgbtq-students>

(617) 624-5495

**LGBTQ Youth Resource Map**

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The LGBTQ Youth Resource Map is a new venture of the Commission on LGBTQ Youth that includes resources specifically for LGBTQ youth as well as services that have self-identified as being LGBTQ-inclusive. These include health, housing, legal, social, educational, and other types of services that LGBTQ youth need. ***Newly-added pages also provide information on remote PD opportunities and youth resources during the COVID-19 pandemic.***

<http://ma-lgbtq.org>

**Office of the Child Advocateimage5.jpg**

The Office of the Child Advocate works to improve state services for children and families and maintains an online complaint form and a telephone complaint line that can be used to file grievances about negative experiences in seeking services.

<http://mass.gov/childadvocate>

(617) 979-8374 [Main]

(617) 979-8360 [Complaint line]

# image1.jpgAppendix C: Commission Membership

**Commission Leadership**

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Sasha Goodfriend, Chair

Paul Gels, Chair Elect

Ivy Stanton, Vice Chair

Muhammad Salman (Sal) Khan, Vice Chair

image5.jpg**Commission Members**

Alan Plotz

Alykhan Nurani

Alyssa Rayman-Read

Amy Whitehead-Pleaux

Ashley Waterberg

Athena Jacobowitz Teatum

Aude Henin

Autumn Jarrett

Bella Wong

Bethany Allen

Carlene Pavlos

Courtney Chelo

David P. Norton

Emily Bellush

Erik Fearing

Ezra Zeke Acevedo

Gary Bailey

Grace Sterling Stowell

Ivy Stanton

Joe Baeta

Joshua Durando

Katherine O'Connor

Kelly Simon

Kira Houston

Laura DelloStritto

Mana Kheang

Mason Dunn

Monica Johnson

Muhammad Salman Khan

Nick John

Noemi Uribe

Paul Gels

Roger Bourgeois

Sam Barrak

Sarabeth Broder-Fingert

Sasha Goodfriend

Sasha Heggie-Jackson

Shavon Fulcher

Sheila Graham

Sunnie Kaufmann-Paulman

Taylor Lewis

Timothy Wang

Zachary Tsetsos

Zuleny Gonzalez

# image1.jpgReferences

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